

CITY COUNCIL
CITY OF CHICAGO

COMMITTEE ON FINANCE

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ALDERMAN JASON ERVIN

ALDERMAN ARIEL REBOYRAS

ALDERMAN SCOTT WAGUESPACK

ALDERMAN NICHOLAS SPOSATO

ALDERMAN MARGARET LAURINO

ALDERMAN BRENDAN REILLY

ALDERMAN THOMAS TUNNEY

ALDERMAN JOHN ARENA

ALDERMAN HARRY OSTERMAN

ALDERMAN J. MOORE

ALSO PRESENT:

ALDERMAN BRIAN HOPKINS

ALDERMAN SOPHIA KING

ALDERMAN RAYMOND LOPEZ

ALDERMAN DAVID MOORE

ALDERMAN MICHAEL SCOTT

ALDERMAN GILBERT VILLEGAS

ALDERMAN JAMES CAPPLEMAN

City Hall
Council Chambers

January 12, 2018
10:00 o'clock a.m.

1 Managing Deputy Commissioner?

2 (No response.)

3 Very good then.

4 On the motion then by Alderman O'Connor to
5 recommend do pass, is there any discussion?

6 (No response.)

7 Hearing none, then all those in favor
8 signify by the usual sign of aye.

9 (A chorus of ayes.)

10 Opposed.

11 (No response.)

12 In the opinion of the Chair, the ayes have
13 it, and we will notify you about the date and time of the
14 hearing in the enterprise zone.

15 All right. On Item Number 8 -- are you
16 representing the Department on this item also? Okay.
17 This is an Ordinance that's going to authorize the
18 Commissioner of the Department of Planning to execute a
19 redevelopment agreement with Presence Health Network.

20 The developer proposes to undertake
21 construction of the Headquarters and Neighborhood
22 Facilities referred to as the project. The project will
23 complete construction of its corporate headquarters at
24 200 South Wacker Drive and complete construction of the

1 Avondale Medical Home and complete construction of the
2 Belmont-Cragin Medical Home and complete construction of
3 the Calumet Heights Medical Home and complete
4 construction of the Cancer Center also.

5 It would authorize payment or
6 reimbursement to the developer for the TIF eligible funds
7 in an amount not to exceed \$5.5 million. The total cost
8 of the project is 28.7 million, and the total MBE/WBE
9 project is pegged at 2,300,000. Of this total project,
10 the developers are bidding 26 percent to MBE contractors
11 and 6 percent to WBE contractors.

12 The project is located within the LaSalle
13 Central Redevelopment Project Area Special Tax Allocation
14 Fund and affects 42, 2, 8, 33 and 36th Wards.

15 Any questions of the Department?

16 (No response.)

17 Thank you, Commissioner.

18 Now we have witnesses who have asked to be
19 heard. Dr. Phalese Ann -- is it Binion?

20 DR. BINION: Binion.

21 CHAIRMAN BURKE: Dr. Binion is with the
22 Westside Ministers Coalition.

23 And Aminah Abdullah with the Susan G.
24 Komen Organization. Are you present? Why don't you join

1 us and be ready to follow Dr. Binion and Karen Kent from
2 Local 1? Karen, are you here? Okay. All right.

3 Doctor, state your name and the
4 organization you represent.

5 WHEREUPON:

6 PHALESE BINION,
7 testified before the Committee on Finance as follows:

8 THE WITNESS: My name is Dr. Phalese Binion,
9 and I'm the CEO and President of the Westside Ministers
10 Coalition.

11 I just wanted to state that this money is
12 so necessary because any time you're dealing with health
13 services of any kind you're dealing with the quality of
14 lives of individuals. And with me having a bachelor's in
15 radiation therapy and dealing with the center for women
16 with breast cancer and uterine cancer, it makes a
17 difference being able to come into their community and
18 not having to go far away to get services. So I really
19 do beseech you today that you will pass this, and I'm
20 truly in support of.

21 So many times the families are devastated.
22 The co-workers are devastated. The person who has been
23 afflicted by this is devastated. They're terrified. And
24 so even if being in their own mere surroundings and being

1 able to have services -- there's not a lot of cancer
2 treatment centers in the Austin community at large.
3 There just isn't. It's not enough.

4 And with the dyings and things that are
5 going on in the community these days, please, if you can,
6 vote yes for this. It's gonna make a difference in many
7 lives and in the quality of lives.

8 On the back end, you really do -- we do
9 save because instead of having to pay for all of the
10 other things -- they even had stated that they were going
11 to -- Presence Health is even going to help out with
12 educating about cancer and eating healthier and those
13 things, so I am truly in support of and I pray that
14 you'll be in support of as well.

15 Thank you.

16 CHAIRMAN BURKE: Any questions of the
17 Reverend?

18 Thank you.

19 Oh, excuse me. Alderman Sposato.

20 ALDERMAN SPOSATO: Thank you, Chairman.

21 Good morning, Dr./Reverend, I guess.

22 THE WITNESS: Yes.

23 ALDERMAN SPOSATO: Thank you. I just wanted
24 to let you know my first-hand experience, I've had years

1 of experience, wasn't quite Presence Health at the time.
2 It's had multiple, different names throughout the years,
3 and they certainly take overflow from other hospitals
4 from the west side mainly.

5 THE WITNESS: Yes, they do.

6 ALDERMAN SPOSATO: I can't think of the
7 hospital on Austin and Oak Park over there.

8 THE WITNESS: Yes.

9 ALDERMAN SPOSATO: But this hospital helps
10 many, many people, and I thank you for your testimony
11 about all the good things that they do. I want to thank
12 you very much for coming out today.

13 THE WITNESS: I just want to say it is just a
14 beautiful facility.

15 ALDERMAN SPOSATO: Yes, it is.

16 THE WITNESS: We take for granted being able
17 to have health services. We take for granted being able
18 to go to the upper echelon medical facilities. This is a
19 top-notch facility. It makes people feel special, and it
20 makes them want to get better. So I say once again I
21 beseech that you do support this and vote yes.

22 ALDERMAN SPOSATO: Been there many times, not
23 as a patient, only dropping patients off hundreds of
24 times, and they do so much good over there.

1 It's not quite in my ward. It's in the
2 awesome 36th Ward. I wish it was in the 38th, but it's
3 only a couple block away. It services many people in my
4 ward and the neighboring northwest side wards.

5 Thanks for coming out today. Do
6 appreciate it.

7 THE WITNESS: And thank you. It saves lives.

8 ALDERMAN SPOSATO: Thank you, Chairman.

9 CHAIRMAN BURKE: Thank you.

10 And now Aminah Abdullah of the Susan G.
11 Komen Organization.

12 WHEREUPON:

13 AMINAH ABDULLAH,
14 testified before the Committee on Finance as follows:

15 THE WITNESS: Yes. Good morning. So, again,
16 my name is Aminah Abdullah. I'm the Director of
17 community programs and partnerships for Susan G. Komen
18 Chicago.

19 In short, we exist to provide quality
20 breast cancer services to those that need them to fill in
21 the gap, and we can't do that without our community
22 partners.

23 There's no secret that unfortunately
24 there's a huge health disparity in Chicago, so

1 unfortunately where you live should not determine if you
2 live.

3 I echo the same sentiments as she did,
4 that truly it's important to have quality breast --
5 quality healthcare facilities in your neighborhood, and
6 you shouldn't have to go far to find one.

7 Presence Health is truly one of our --
8 truly a trusted community partner. Again, our -- we owe
9 that -- to me we owe that to our citizens. Until we get
10 quality healthcare for everyone, it should be a right to
11 all.

12 I fully support this TIF. I hope you all
13 do too because we should not lose any lives. Fortunately
14 breast cancer is one of those diseases that can be
15 prevented or most of those deaths can be prevented, and
16 we should not have to lose another life because the
17 person cannot get access to quality healthcare.

18 Again, I just fully urge you all to
19 continue to invest in this project so that we don't have
20 to lose another life to a disease that can be prevented
21 by a screening.

22 Thank you.

23 CHAIRMAN BURKE: And please report back to
24 your organization how much the City Council respects the

1 legacy that the Komen organization has created here and
2 across the nation.

3 THE WITNESS: Appreciate that. A little
4 bragging about us. We are -- we do fund the most
5 research outside of the government, so thank you for
6 saying that.

7 CHAIRMAN BURKE: Keep up the good work. Thank
8 you.

9 Any questions?

10 Oh, I'm sorry. Alderman Arena.

11 ALDERMAN ARENA: Thank you.

12 Thank you for being here, and we
13 appreciate, as the Chairman said, the Komen Foundation
14 which does advocate for screening and health prevention.

15 This is a little bit of a mixed issue
16 because we appreciate when organizations as large as
17 Presence Health invest in these things. The challenge is
18 we need them to do that regardless. That's the right
19 thing to do. So building this center is appropriate.

20 The challenge is the downtown office has
21 very little, if nothing, to do with the fact that they
22 built the center in my eyes. We invested money in office
23 space for administrative services not into the clinic.

24 If this were an investment into building

1 the clinic, you'd have my unconditional support. So
2 while I appreciate that, and I think it's important to
3 understand the complexities of how this deal is being
4 tied together to community health centers that were built
5 and should be built as a mission of a Catholic-based
6 community church, community hospital, but the
7 administrative offices in my view have very little to do
8 with the mission of the Komen Foundation.

9 So while I appreciate everything you do
10 and I'm really happy that this center is available, it's
11 a little bit of a mixed bag.

12 THE WITNESS: Totally respect that. I
13 understand it. I think we have to think about -- we get
14 the same slack as a non-profit. I know you've heard of
15 about the controversies about our former CEO's salary and
16 things like that, and I always get offended by that
17 because it's important, the people behind the work too
18 and to invest in them as well.

19 So I can't speak to where all those
20 dollars went and why it was shown there and why they
21 picked that location, but I do know that it's important
22 to have staff and to have the support as well. They
23 can't continue to do their jobs without being vested in
24 too, so it's important to take care of your staff as well

1 so they can continue to do their job in the community, so
2 I respect that and truly understand it.

3 ALDERMAN ARENA: Thank you.

4 Thank you, Mr. Chairman.

5 CHAIRMAN BURKE: Alderman Sposato.

6 ALDERMAN SPOSATO: Thanks again, Chairman.

7 Thank you, Aminah. Was that your name?

8 THE WITNESS: You said it.

9 ALDERMAN SPOSATO: Thank you. Really
10 appreciate it.

11 Certainly everybody here appreciates and
12 respects the Susan G. Komen organization. You've done so
13 much good stuff, your organization. I appreciate it.

14 THE WITNESS: Thank you.

15 ALDERMAN SPOSATO: I just want to reiterate
16 what I said about Presence Hospital. It's a place I've
17 been to literally hundreds of times. They've done so
18 much good.

19 Certainly my ward is on the northwest
20 side. They serve many people on the northwest and the
21 west side and a lot of people that can't pay their bills
22 and don't pay their bills. So I just want to mention
23 that. But thank you very much for coming out and
24 representing Susan G. Komen. Thank you.

1 THE WITNESS: Thank you.

2 ALDERMAN SPOSATO: Thank you, Chairman.

3 CHAIRMAN BURKE: Thank you, Alderman Sposato.

4 Thank you, Ms. Abdullah.

5 And now we have the representative of
6 Local 1 H-E-R-E, Karen Kent who I would like to brag a
7 little about before she talks to us.

8 It was she and our own Alderman Harris who
9 pioneered an ordinance that was adopted here in the City
10 Council just about six months ago which was a pioneering
11 effort on behalf of women employees of hospitality unions
12 who now in Chicago have the benefit of being armed with a
13 warning device that can summon help in the event that a
14 hotel patron is abusive.

15 As a matter of fact, Ms. Kent has been
16 profiled in Time Magazine.

17 MS. KENT: Yeah, nationally, all over the
18 country.

19 CHAIRMAN BURKE: It's gone viral. It is a
20 subject of national reports and analyses. And but for
21 the work of Alderman Harris and the advocacy of Karen
22 Kent this never would have happened.

23 Chicago became an example of standing up
24 for the rights of women before it has taken on such a

1 cache now. And so it's a great pleasure to welcome back
2 to this witness chair Karen Kent who sat here not that
3 many months ago advocating for Alderman Harris'
4 ordinance.

5 It gives us an opportunity to say to her
6 and to her very brave members who suffered through a lot
7 of indignities keep up the good work. Don't give up the
8 fight and thank you for permitting Chicago to be in the
9 forefront of this issue.

10 WHEREUPON:

11 KAREN KENT,
12 testified before the Committee on Finance as follows:

13 THE WITNESS: Thank you so much, Chair, for
14 your kind words and to all the members of City Council
15 and to everybody that worked to support that. I can't
16 tell you how much -- how proud I am as a leader in the
17 unions and also somebody from Chicago who -- I'm proud to
18 see Chicago City Council set the pace on this nationally
19 and to have that credit to everybody here, so thank you.

20 I'm here today to talk a little bit
21 about -- in support of Presence Health projects, and, you
22 know, as a leader of the union for UniteHere, but I also
23 consider myself a healthcare member.

24 In our union we have a Taft Hartley Fund.

1 That simply means that we provide healthcare from the
2 union with a board of directors that's run by management
3 representatives and union representatives, so we
4 negotiate healthcare regularly, and UniteHere Health
5 administers jointly with employers in the hospitality
6 industry.

7 When we negotiated our contracts, my
8 experiences, and I'm sure many of you sort of, you know,
9 are familiar with this, that a lot of the big cost items
10 besides wages are pension plans and healthcare. I will
11 tell you that for our members healthcare is the number
12 one issue bar none, and I spend a lot of time on
13 healthcare. Probably 30 percent of my time some years is
14 spent on that.

15 Some number of years ago, about five years
16 ago, we realized that we had to do something different
17 and change the way that our healthcare was administered,
18 that the costs were dramatically too high and that if we
19 didn't do something to change that we would not be able
20 to negotiate -- all of our money would be going to
21 provide healthcare for members instead of wages or
22 anything else that we wanted to do economically.

23 We went looking for a partner in
24 healthcare. You know, for us we have about 18,000

1 members in Chicago locally who have healthcare under
2 UniteHere Health, and our employers pay the benefits for
3 that, so for a lot of healthcare providers we would make
4 a good partner. People want to have us. It's, you know,
5 a lot of money, and we come to it -- we fund our plan.

6 We spoke to a lot of different groups, and
7 we talked with Presence about doing it. Presence was
8 interesting to us because of their direct impact in the
9 community, and frankly the mission of Presence is in
10 serving the community, and frankly we see our membership
11 as part of their mission. We are part of the community.
12 Our members live in many of the same areas of the city
13 where Presence provides service, and that seemed to be a
14 natural fit.

15 In addition, we weren't buying a plan that
16 was off the -- you know, out of a -- in a box. We wanted
17 to make sure that we were able to craft something that
18 worked for the needs of our members in the places that
19 folks live and the issues that our folks face.

20 We really set out to do something
21 different with them. That was five years ago. Five
22 years ago when we began the first year in a long
23 city-wide contract we were not able to -- our folks did
24 not have raises the first year of our contract. All of

1 the money went towards increased healthcare costs.

2 After getting into our partnership with
3 Presence we were able to make a lot of cooperative
4 changes and plan designs that helped us to turn that ship
5 around.

6 For the last several years, people have
7 had increases over the life of this contract. The last
8 increase that people got was .93 an hour. It's about 40
9 bucks a week. Over the course of a year people have a
10 lot more money for vacations, for their children, to
11 provide other quality of life issues.

12 That's more money over the life of the
13 contract -- probably roughly \$3 over the life of the
14 contract. So to me that's one of the main things.

15 I will tell you that, you know, we -- I
16 say that Presence is our bishart (phonetic). Bishart is
17 an English word. It means, you know, your soul mate or
18 your -- it's a meant-to-be. And for us, I think that our
19 relationship with Presence was meant to be.

20 They have looked at the needs of our
21 members. In particular, some of the things that they've
22 done, they'll help us track trends. You know, if there's
23 a particular condition that our members face, whether
24 it's high blood pressure, diabetes, hypertension, one of

1 the things that they can do is create -- you know, track
2 services and provide that.

3 How do we make sure that our members have
4 primary care physicians, that people don't go and get
5 care from the emergency rooms but that they get care from
6 a primary care physician? All of those things are things
7 that help keep down healthcare costs.

8 They've piloted us -- programs with us on
9 cancer care so that people that have long-term cancer
10 conditions, they'll make, you know, do special programs
11 to help people seek out regular treatments and also help
12 contain the costs over time.

13 We've looked at providing greater urgent
14 care facilities. That will help us also make sure that
15 people aren't getting care just in the emergency rooms
16 and expanding care in different areas of the city.

17 I would say -- you know, I had some --
18 when I thought about Catholic healthcare, I wasn't sure
19 if they would be able to meet the needs of our members
20 and be able to provide all the services. I can tell you
21 that having lived with Presence and worked with them as a
22 partner for several years now it has not been an issue.
23 We have been able -- they have always found a solution in
24 our membership, and I hear regularly from members all

1 over the city and throughout about the arrangements that
2 people have made. And frankly, you know, people -- a lot
3 of different areas of need that people have, and all of
4 them have been quite complimentary about what has been
5 worked out.

6 I think it's important that people have
7 good care. I think living longer matters. The sooner
8 that you get good, quality, affordable care it makes a
9 difference in the lives of your family and in the lives
10 of our city and the people who live in the wards all
11 over.

12 I hope that you will join me in supporting
13 Presence. I think it's an important endeavor, and I'm
14 looking forward to all the work that we do in the future
15 together.

16 Thank you.

17 CHAIRMAN BURKE: Thank you, Karen. Well said.

18 Questions?

19 Alderman Harris.

20 ALDERMAN HARRIS: Thank you.

21 Thank you, Chairman, earlier for
22 acknowledging Karen for her work with our ordinance.

23 I think we started the Me Too movement
24 because we are pioneers, but I want to thank you,

1 Chairman, for your work with the ordinance, Chairman
2 Burke, for getting the ordinance done and helping us to
3 move it forward.

4 Karen, I can't speak highly enough of you
5 and you compromising and working and having a dialogue
6 about how we create and craft the ordinance that works
7 for the City of Chicago.

8 But I have a question. So your members --
9 you have 17,000 members that are part of Presence. And
10 so what are the ages? Is it young people? Is it old
11 people? Who is it?

12 THE WITNESS: You know, all over. It's our
13 members and their family, and so, you know, we have a
14 wide range of members. You know, the people -- our
15 members look like the City of Chicago.

16 ALDERMAN HARRIS: So would it be safe to say
17 that there are women that are in their 20s, 30s, 40s,
18 that they're still into reproductive activities?

19 THE WITNESS: Oh, yeah.

20 ALDERMAN HARRIS: So have those needs been
21 met?

22 THE WITNESS: Yes, absolutely. I mean
23 certainly. Women of all ages, men, people of color,
24 immigrants from all walks of life and people that we

1 represent.

2 ALDERMAN HARRIS: All right. Thank you.

3 CHAIRMAN BURKE: Alderman Sposato.

4 ALDERMAN SPOSATO: Thank you, Chairman.

5 Thanks for coming out, Karen. Appreciate
6 it.

7 Thank you for all you do for the union. I
8 know a lot of your employees don't really, you know, make
9 that great -- much money, a lot of them in the
10 hospitality industry. It's kind of a low-pay industry.
11 As a matter of fact, for about a year now my daughter has
12 been a member of UniteHere Local 1, so I just want to let
13 you know that.

14 Thanks for coming out. I know you were
15 sitting behind me. You heard what I said. Once again,
16 been to that hospital 100 times at least. They do a
17 great job. Of course, multiple different names. It
18 always wasn't Presence. They're a positive in the
19 community. They help poor people. And, you know, I
20 support this.

21 Thank you very much for coming out.
22 Appreciate your testimony.

23 THE WITNESS: Thank you.

24 ALDERMAN SPOSATO: Thank you, Chairman.

1 CHAIRMAN BURKE: Alderman Laurino.

2 ALDERMAN LAURINO: Thank you. Thank you,
3 Mr. Chairman. Thank you, Mr. Chairman.

4 Thank you, Karen, for the work that you
5 do.

6 I think it's important to continue to say
7 that you've been able to find solutions to reproductive
8 healthcare issues while working with Presence. You
9 clearly feel that that's something that can be done, that
10 you have done for years and you have a wonderful
11 relationship and are able to solve any problems that have
12 come across your desk; is that correct?

13 THE WITNESS: Yeah. I feel very confident
14 about the care. Again, this came up before. I didn't
15 really -- I hadn't really considered it beforehand. And,
16 you know -- but we've had a long-term relationship, and
17 now I've -- you know, we've had examples of people who
18 have -- you know, I've talked to other folks, and
19 Presence has always been a great partner and found a way
20 to address the needs of a variety of reproductive needs
21 but also, you know, different sexuality orientation,
22 identification, a number of different issues that, you
23 know, people --

24 ALDERMAN LAURINO: And you work together to

1 find solutions?

2 THE WITNESS: Absolutely.

3 ALDERMAN LAURINO: Thank you.

4 Thank you, Mr. Chairman.

5 CHAIRMAN BURKE: Any other questions of Karen?

6 Alderman Cappleman.

7 ALDERMAN CAPPLEMAN: Thank you, Chairman.

8 I too support this. I actually used to
9 work at St. Joseph's Hospital from 1994 to 1999. I
10 served as a social worker there. I worked in the
11 HIV/AIDS unit. Actually, we had a jar of condoms for the
12 patients because we wanted to prevent the spread of HIV.

13 My experience with St. Joseph's was just
14 profoundly affirming of everyone whatever their sexual
15 orientation was. I remember a story I had personally as
16 a social worker there. I was eating lunch and I was
17 called to the outpatient surgery. There was a patient
18 there, a transgender woman who did not yet have the
19 bottom surgery to remove her testicles, and she wanted
20 that surgery done while she was getting surgery for some
21 CMI -- CME retinitis, HIV-related, and the hospital
22 couldn't do it. She was very upset, and my job was to
23 address that.

24 What we did is just -- this is what we did

1 at St. Joe's is we said we can't help you but let us
2 provide referral to a place that can do this, and we were
3 able to do that.

4 Again, St. Joseph's commitment was always
5 to be centered on the patient and the family. That's one
6 of the best places I've ever worked. I've worked at four
7 different hospitals.

8 I still get my healthcare there. Two days
9 ago I made an appointment for me and my husband to get
10 our medical checkup, and when I said I'm making it for my
11 husband, there's just not a pause. It's just -- they
12 understand, and that's why I feel so comfortable getting
13 my healthcare there, and I'm a feminist, and I feel very
14 comfortable with the work that Presence Health does, so
15 thank you.

16 Thank you, Chairman.

17 CHAIRMAN BURKE: Thank you very much, Alderman
18 Cappleman.

19 Alderman Lopez.

20 ALDERMAN LOPEZ: Thank you, Chairman, members
21 of the Committee. Thank you, Karen, for being here this
22 morning. Great to see you again.

23 THE WITNESS: Thank you.

24 ALDERMAN LOPEZ: I'm glad that you're here

1 talking about your experience with Presence. I've
2 noticed that there's about 20 other organizations that
3 are joining in support of this Ordinance, organizations
4 like the NAACP, Chicago South Side Chapter, Shining Star
5 Community Service, Catholic Charities and a whole host of
6 others.

7 Part of what we heard from people who are
8 in opposition is that what I think amounts to is
9 basically a Catholic bias, that Catholics are unable or
10 intolerant to working with people, and I can say that as
11 a Catholic myself. But it seems to me the underlying
12 message that we're getting, and I've heard it from you,
13 my colleagues have heard it from you, the public has
14 heard it from you today, that that is 100 percent
15 unequivocally not the case, so thank you.

16 One of the letters of opposition to this
17 says that the City must not provide taxpayer dollars to
18 health providers who impose their religious doctrine on
19 low income and other Chicagoans. Would you say that
20 that's an accurate description of what goes on every day
21 at Presence from what you hear from your members?

22 THE WITNESS: Yeah, I mean what I hear from my
23 members is so much -- you know, Alderman Capplemen, I
24 have to say that you said -- I mean just about the

1 affirming nature of the care that's provided, that
2 everybody who comes in, everybody's welcome. Whether
3 it's, you know, in your faith beliefs or not your faith
4 beliefs, the mission of Presence is to serve the
5 community and the people. You know, our members come as
6 they are.

7 I've never heard anybody say anything but
8 that they felt accepted and cared for and that people
9 have been responsive, that that's the overall mission
10 of -- Presence's, you know, mission is to serve within
11 the community and to make sure, you know, that the
12 community are the people that we represent.

13 I just -- I can't say enough. I really do
14 feel strongly that I haven't had a case where we have had
15 somebody say that they've been denied service or that
16 they haven't been able to work something out.

17 Again, I mean HIV or AIDS is so, almost
18 passe, I hate to say that, but it's sort of like, you
19 know, all the time people get provided all kinds of
20 different service, all kinds of, you know, care, and
21 nobody ever, you know, has indicated to me, whether it's,
22 you know, how they identify, transgender, whoever you
23 are, reproductive services, it hasn't -- you know.

24 ALDERMAN LOPEZ: So I think also one of the

1 key causes was that the \$5 1/2 million that will be going
2 to Presence for their downtown facilities somehow doesn't
3 translate into the neighborhoods, and I think that's not
4 a fair assessment of what that allows Presence to
5 continue to do and expand to do.

6 There was another letter that says if
7 Presence receives more funding access to women's health
8 services will decrease even more. I'm not sure I
9 understand how that's possible to decrease when they're
10 able to expand and to increase outreach. But I would
11 love to have an opinion on that sentiment because it
12 seems to almost be logically impossible to say that if
13 they're expanding to the neighborhoods, and even if it is
14 just one service that they may not provide themselves
15 directly, that is not a decrease. It's not an increase,
16 but it's not a decrease while allowing other services to
17 increase into the community. So if you have a comment on
18 that or -- I think your thoughts are pretty
19 self-explanatory on that.

20 THE WITNESS: Our membership is majority
21 women, you know, of all ages, and, you know, certainly
22 women are responsible for a lot of the care in the
23 families. They're the primary, you know, point of
24 contact in healthcare and providing services. I'm

1 comfortable that women access more of the care frankly,
2 you know, generally speaking than a lot of the men do,
3 but that said, I'm quite confident about the services.

4 I think it's, you know -- I'm confident
5 that Presence will be providing more care the more that
6 we are able to direct our members to the locations that
7 are in the areas that -- you know, where they live.
8 That's the main thing -- how do we get people to go where
9 they live.

10 And, you know, I found -- look, I've found
11 Presence to be a partner in terms of, you know, language.
12 If our members have needs in terms of language or in
13 terms of those services that they need provided, if
14 there's not doctors who represent an area of need, then
15 they've gone above and beyond and found somebody within
16 the system. They've recruited people from other places.
17 Chinese members who, you know, have -- need more --
18 different language skills, and so the same thing for
19 women's health or other areas, right, that we need to
20 focus on. I have a million examples.

21 I'd like for you to come and spend some
22 time at UniteHere Health with our members and hear
23 firsthand how people feel about it. I think it's an
24 excellent partnership, and I'm confident that we'll do

1 more together, so thank you.

2 ALDERMAN LOPEZ: I think -- and I'll close
3 with this, Chairman -- I think that, again, the issue
4 here is that everyone has a preconceived notion of what
5 is possible when dealing with Catholic and faith-based
6 institutions. I think if we were to start restricting
7 the amount of public funds that we give to any religious
8 institution, we'd find many of our delegate agencies
9 would be wiped off the map, particularly on the south and
10 west sides.

11 There was never a question whether or not
12 they are enforcing religious indoctrination, and we don't
13 use that as a litmus test or at least I have not heard it
14 in Budget hearings where we've said that's one of the
15 metrics in which we deal with people.

16 That being said, I think that this
17 organization as well as others have proven that they have
18 the ability, just like Catholic leaders in this room have
19 proven their ability, to look beyond their faith and do
20 what's right for all the people, and I think that that
21 should not be forgotten in this case.

22 Thank you, Chairman.

23 CHAIRMAN BURKE: Thank you, Alderman.

24 Alderman Cardenas.

1 ALDERMAN CARDENAS: Thank you. Thank you,
2 Chairman.

3 Karen, I know you alluded to the fact that
4 you welcome everybody. Under your current practices of
5 the hospital if someone wanted to get an abortion, is
6 that possible at present?

7 THE WITNESS: I'm the --

8 ALDERMAN CARDENAS: No, wait. You said that
9 you welcome everybody. That was your statement. So I
10 want to -- I want you to speak to the issue of abortion
11 for the record and not tell me anything else, just
12 abortion, please.

13 THE WITNESS: Right. I just, I just want to
14 say I don't work at the hospital.

15 ALDERMAN CARDENAS: But you're speaking for
16 the hospital today.

17 THE WITNESS: Yeah, I'm speaking about
18 Presence Healthcare, and I'm telling you that our members
19 have come to me and talked about different reproductive
20 services that they have wanted, and they have worked with
21 Presence providers to find services and access those
22 services in the community.

23 ALDERMAN CARDENAS: So if you're part of the
24 Presence family as my family is -- I have three daughters

1 now. God forbid one day something would happen. Now
2 they've been taken care of pretty much all of their lives
3 at Presence. One day God forbid something happens and
4 one gets pregnant. I would take her to Presence where
5 she will be denied care, where she'll be told that you're
6 not welcome here but we can find you an alternative place
7 for your issue because we can't even talk about that as
8 to what it is -- it's abortion. I think that's the crux
9 of some of us here, that I am surrounded by females, by
10 women I love, and I would want them not to ever feel
11 rejected by anybody under any circumstances, under any
12 system as we fight for the rights of everybody here not
13 just in the city but in this country. We're fighting
14 battle every day with people at the national level under
15 President Trump who seeks to divide us. In this case,
16 that's what it seems to me.

17 This is a personal issue to me because I
18 see that I want my daughters to have a place, to have a
19 city, to have a country where the decisions they make,
20 there may be consequences but they can never feel that
21 they're being rejected, they're not wanted, they're going
22 to be put someplace else. Leave that to the middle ages.
23 This is 2018.

24 So I -- help me help you. Help me

1 understand how do we bridge that, and I'm a Catholic.
2 But there's some things I disagree with the Catholic
3 church. And the Pope is not going to make a position on
4 my daughters and what's best for them and what I'm going
5 to teach them about life and about how to be acceptable
6 of others and tolerant of others, of other people, of
7 other colors, of other choices that they make. At the
8 end of the day that's a society I want my daughters to be
9 in, to live in, and that's what this is all about --
10 using federal dollars for something that in part we
11 believe and that we don't believe in.

12 In Presence if you today are pregnant and
13 you want to have an abortion even though you've been part
14 of that family all your life you can't be helped. I urge
15 all my colleagues to consider that situation. Put
16 yourself in my shoes on that position. All your life
17 you've been at Presence. When they took their
18 temperature, when they went to check your -- and they
19 took care of you when you were born and the after care
20 that went along and the checkups, mostly checkups that
21 went there and year after year went by and this is a
22 place you knew, that you know and some day how many years
23 later you're going to come in that hospital and you're
24 going to be rejected. How do you think that young woman

1 is going to feel when that happens? Please enlighten me.

2 THE WITNESS: I will tell you that my personal
3 experience -- you know, not too long ago I was in a
4 meeting with one of -- with the CEO Mike Engleheart and
5 he presented to a number of our members who were in the
6 room who live in the community who accessed the care.
7 And he talked about the reflection that Presence is
8 doing, the process of discernment where they're talking
9 about who they -- where they grow next and how they
10 continue to develop. I've been -- I didn't understand
11 until then about discernment or what that meant, but
12 actually kind of taking care and reflecting and not
13 making decisions hastily and taking into account faith
14 and the important principles of what people believe, I
15 can tell you that there are many healthcare providers
16 that I've seen before that have made us feel very
17 unwelcome, that although we pay the same money as
18 everybody else to access services, we've been asked to
19 leave their building or we've been shown -- you know,
20 disrespected.

21 Our members when we've been with Presence,
22 they have sought out the opinions of our members, they
23 have sought out the needs of our members, and they have
24 sought to demonstrate that they are respectful and caring

1 and part of the community and people that I hadn't even
2 considered at the time.

3 I certainly think that it's important for
4 young women to be able to access the care that they need.
5 I'm confident that the people that work at Presence and
6 through this -- you know, at their facilities have gone
7 the extra mile to make sure that our members have the
8 care that they need and that there is not something that
9 they have -- can provide there then they have gone to
10 make sure that people have been able to access the
11 services, and that's a wide variety of services.

12 ALDERMAN CARDENAS: We just talked about
13 that's not a possibility under the current practices of
14 Presence. Presence, you know, had several acquisitions
15 with other hospitals, so they're having a bigger
16 footprint in bringing it out. That's worrisome where you
17 practice and you provide, you know, service and
18 traditional healthcare and then you apply your religious
19 beliefs to those practices. I find that very troubling,
20 and I'm a Catholic again and say that because if you
21 treat it as a business and someone goes in there to get
22 care, you should take care of those folks and not impose
23 your religious beliefs on what should happen with that
24 person's particular healthcare issue.

1 So you didn't answer the question, but
2 what you're saying to me is that Presence is a great
3 hospital. They take care of everyone that comes through
4 their doors. But in the case of abortions, they just
5 can't help you. They will find alternative care for you.
6 That's what you said.

7 THE WITNESS: Our members have certainly
8 accessed -- have had abortions. Our members have had
9 different services that they've been provided throughout,
10 you know, a number of different services. If they're not
11 able to access --

12 CHAIRMAN BURKE: Alderman Hairston, point of
13 order.

14 ALDERMAN HAIRSTON: Thank you.

15 I wasn't sure whether you said they had
16 abortions at Presence. Is that --

17 THE WITNESS: No. What I'm saying is our
18 members look like everybody else, so women access all
19 kinds of different services in healthcare, and I -- it's
20 been my experience that if Presence is not able to offer
21 some kind of care, whether it's that or something else,
22 then they have worked with our members, but they've
23 always been respectful. We have transgender members,
24 people who have had surgery or haven't had surgery who

1 were, you know, just so concerned about the treatment
2 that they would --

3 ALDERMAN CARDENAS: That has nothing to do
4 with abortion.

5 THE WITNESS: But I'm talking about issues of
6 faith, and I think that the overriding sense from our
7 community, from the membership is that people feel
8 respected. People feel like the healthcare providers --
9 people want them to have good health. People want them
10 to be able to access the services and that it's the duty
11 of the healthcare providers. They go above and beyond
12 and have made sure that people are able to get it.

13 ALDERMAN CARDENAS: How do you compare a sex
14 operation with abortion? Please.

15 CHAIRMAN BURKE: Alderman, this witness is
16 here to testify about her experience with Presence and
17 her members from Local 1 HERE. She is not here to
18 testify about the policies of the hospital, only what her
19 members have experienced. We do have a representative of
20 the hospital who can respond to your questions if you so
21 desire.

22 ALDERMAN CARDENAS: My apologies here. You
23 sounded like you work for the hospital, you represent the
24 hospital the way you were speaking.

1 CHAIRMAN BURKE: No. No. I think that she
2 clearly --

3 ALDERMAN CARDENAS: So passionate about
4 Presence, Chairman. I apologize. I thought she worked
5 for Presence.

6 CHAIRMAN BURKE: Alderman, she clearly
7 outlined at the beginning of her testimony that she is
8 the union leader of one of the most progressive unions in
9 America. We talked about how she was profiled in Time
10 Magazine when this City Council at her initiative passed
11 a ground-breaking ordinance that permits her members now
12 to be supplied with warning devices, the first major city
13 in America, and she also testified about how for the last
14 several years she has partnered with Presence on behalf
15 of her members, how they get their healthcare at the
16 Presence chain, but I think it's not her role to defend
17 the hospital. She can only tell you about her members'
18 experience.

19 ALDERMAN CARDENAS: Chairman, I stand
20 corrected. In terms -- you know, look, I thought again
21 you worked for -- the way you presented Presence, to be
22 honest with you. I'll wait to hear from Presence on
23 their policies but as far as -- and, you know, when we
24 have these discussions, you sound very passionate about

1 all the work that you've done, so it sometimes doesn't
2 connect when other things that are also important are not
3 addressed.

4 So I'll wait for someone from Presence to
5 come, Chairman.

6 CHAIRMAN BURKE: Very good.

7 ALDERMAN CARDENAS: Thank you, Karen. I
8 apologize.

9 CHAIRMAN BURKE: Thank you.

10 Alderman -- I'm sorry. Alderman
11 Capplemann.

12 ALDERMAN CAPPLEMAN: Point of order.

13 I'll say a couple things. Number one,
14 when I was a Franciscan Friar I got in trouble for coming
15 out as pro choice. I've been very adamant about that.
16 But I worked 25 years in the hospital system. I wrote a
17 book on healthcare, and my experience as someone who
18 worked in the hospital system is that when I had a
19 medical issue that was very complex, I went to my
20 physician not to the hospital, and my particular
21 physician is actually an atheist and is pro choice, and
22 that physician would make the referral.

23 When my husband required surgery for his
24 basal cell carcinoma on his ear, he had to get a referral

1 to another hospital, and that physician did it in a
2 manner that was very appropriate and very trusting, and
3 we appreciated that.

4 So I think it's that relationship that
5 that patient has with the physician that's critical and
6 it's that physician who handles that question about
7 abortion to ensure that that patient gets the care that
8 she needs and deserves, and I would trust, just as I know
9 my physician would do, if I did have a daughter who
10 requested an abortion, my physician would refer her to a
11 place where she could get that and as I know he would,
12 and that's why I am in full support of this.

13 Thank you.

14 CHAIRMAN BURKE: Alderman Arena, did you have
15 a question of this witness?

16 ALDERMAN ARENA: No. I'll reserve my time for
17 questioning the folks from Presence Health. Thank you.

18 CHAIRMAN BURKE: Very good.

19 Alderman O'Shea, did you have a question
20 for this witness?

21 ALDERMAN O'SHEA: Yes, thank you, Chairman.

22 Good morning, Karen. I have a couple
23 questions.

24 How many facilities does Presence have

1 here in the City of Chicago?

2 THE WITNESS: You know, I couldn't --

3 CHAIRMAN BURKE: I don't know that she's
4 capable of responding to that question, but we do have a
5 witness from the hospital that can respond to your
6 question.

7 ALDERMAN CARDENAS: Yeah, let's get somebody
8 from Presence.

9 ALDERMAN O'SHEA: Then I'll save my questions
10 for them.

11 CHAIRMAN BURKE: Very good.

12 Any other questions for Karen?

13 (No response.)

14 Thank you, Karen.

15 Can I have Dr. Laura Concannon? Laura,
16 are you here?

17 Identify yourselves for the record,
18 please.

19

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1 WHEREUPON:

2 DR. LAURA CONCANNON,
3 testified before the Committee on Finance as follows:

4 THE WITNESS: I'm Dr. Laura Concannon, Chief
5 Medical Officer for Presence Saints Mary and Elizabeth
6 Medical Center.

7 MR. SNYDER: Bill Snyder, Assistant
8 Vice-President for External Affairs for Presence Health.

9 CHAIRMAN BURKE: Clearly, Doctor, there's been
10 some questions about policies and practices at Presence
11 hospitals. And I'm not going to suggest how you
12 structure your testimony, but it probably would be
13 helpful to address the question of policies at Catholic
14 hospitals, not only Presence Catholic Hospitals but other
15 Catholic hospitals around the area and what happens if a
16 patient presents that needs a procedure that is not
17 permitted under the Catholic hospital policy.

18 THE WITNESS: As a member of a Catholic health
19 organization, we obviously follow the ethical and
20 religious directives. The real, main focus of the
21 ethical and religious directives are that we are called
22 upon to care for the whole person.

23 Our specific mission is to go into
24 underserved areas and to address healthcare disparities

1 and healthcare needs in areas that are underserved. I
2 think it's really important also to stress that
3 regardless of the need somebody comes to us with we
4 accept everyone. We welcome everyone. It is not a place
5 of judgment. That is not our role.

6 We as part of our policies and as part of
7 our practices discuss all available options with all of
8 our patients regardless of what they come to us for. As
9 part of this, if one of the options that they choose is
10 not something that we provide at one of our facilities,
11 we have developed relationships with partner
12 organizations throughout the city, throughout the state
13 of Illinois that can help us to provide those services to
14 the patients.

15 We ensure that there is a warm hand-off of
16 care, that we speak directly with the accepting provider
17 and that we in an efficient manner transfer records to
18 that provider so that they can receive the care that they
19 need.

20 CHAIRMAN BURKE: Alderman Cardenas, do you
21 have questions for Dr. Concannon?

22 ALDERMAN CARDENAS: Well, Chairman, I think
23 I'm hearing, you know, basically a summary version of the
24 same thing that we just talked about a few minutes ago.

1 If you were listening to what I said and the fact that,
2 you know, my family has been at Presence. Been there for
3 many, many years. I've taken my daughters to their first
4 checks, wellness and follow-ups. And some day God forbid
5 if it were to happen, and I think about that now, by the
6 way, going to Presence with the care that they've
7 provided -- and I'm not saying good or bad, anything
8 about Presence. I'm telling you. This is more of the
9 practices and your policies on something that I think a
10 lot of -- millions of women face, decisions they have to
11 make on their lives on abortions. What you're saying to
12 me is if that would be the case that you would be
13 referred outside of the hospital because you don't do it.

14 THE WITNESS: Well, there are certainly other
15 medical procedures that might be outside of our scope of
16 practice that are not even in relation to our ethical and
17 religious directives.

18 So, you know, I see where you're coming
19 from, and I'm a big supporter of primary care and
20 continuity of care being a primary care physician myself.
21 So although we try to preserve wherever we can that
22 continuity, but there may be other procedures, transplant
23 or other tertiary procedures, that we don't do within our
24 health system, and we have the same process for the

1 hand-off of care for those procedures as well. There
2 would be follow-up after whatever procedure, whether it
3 be a transplant or whether it be an abortion, with their
4 own doctor that they've been following with for years
5 previous to that as well. There's communication between
6 the caregivers all along the way both verbally as well as
7 the transfer of the medical records.

8 ALDERMAN CARDENAS: Doctor, you have a birth
9 unit, do you not?

10 THE WITNESS: Yes, labor and delivery unit.

11 ALDERMAN CARDENAS: So deliveries are made at
12 the hospital?

13 THE WITNESS: Yes.

14 ALDERMAN CARDENAS: So you do provide some
15 sort of care for women in that basis?

16 THE WITNESS: Yes. We're quite busy in that
17 venue, yes.

18 ALDERMAN CARDENAS: So some women may choose
19 not to follow through on live birth and choose abortion.
20 Do you provide everything except that piece of it that
21 goes against your particular ethical, you know, policies?
22 Walk me through your policies.

23 THE WITNESS: I'm sorry. What was the last
24 part of your question?

1 ALDERMAN CARDENAS: Walk me through your
2 ethical policies providing you're seeing somebody from
3 the beginning to the end instead of being recommended to
4 someone else outside of your system. You are a pretty
5 large healthcare system --

6 THE WITNESS: Yes.

7 ALDERMAN CARDENAS: -- are you not?

8 THE WITNESS: Yes. So as I mentioned, I hope
9 I'm addressing your question, it is part of our policies,
10 and we have a specific policy written, that addresses
11 this warm hand-off of care so that we can ensure that
12 there's continuity of care and that they're getting the
13 service offered. We do not refuse it. We do not
14 discourage it. We do not counsel patients against it.
15 We open up to whatever they feel like is the best for
16 their care, and then we make sure that it happens. Does
17 that address your question?

18 ALDERMAN CARDENAS: No, it does not. You're
19 saying -- you're evading the question. Do you or do you
20 not provide abortions at Presence?

21 THE WITNESS: If there is a medical indication
22 and the life of the mother is threatened, then that would
23 take place. But if it's truly an elective abortion, we
24 make sure that through our partner organizations that

1 this occurs and that we do the best and most safe
2 transfer of care between those facilities.

3 ALDERMAN CARDENAS: Do you provide family
4 planning?

5 THE WITNESS: This is an important issue to
6 understand. We do not get -- we do not intervene in the
7 relationship between the patient and the physician.
8 There are many medical indications for birth control. If
9 it's in the medical decision making of that physician
10 caring for that patient or of that provider caring for
11 that patient that is medically indicated, then that is
12 the decision of the provider. We do not intervene in
13 that relationship.

14 ALDERMAN CARDENAS: Okay. So the doctors you
15 have on your staff are not -- they're not Presence
16 doctors?

17 THE WITNESS: Some of our physicians are
18 employed. Most of our physicians are independent.

19 ALDERMAN CARDENAS: What's the portionality of
20 that?

21 THE WITNESS: I would say at Presence Saints
22 Mary and Elizabeth about 10 percent are employed and
23 close to 90 percent are independent.

24 ALDERMAN CARDENAS: What about the other

1 Presence hospitals?

2 MR. SNYDER: I'd say that's about right as a
3 ratio across our system.

4 ALDERMAN CARDENAS: So ten percent?

5 MR. SNYDER: Yeah, 10 percent of physicians at
6 Presence Health are employed that work with us which is
7 about 400, and then we have about 4,000 independent
8 physicians that we have contractual relationships with.

9 ALDERMAN CARDENAS: Got it. All right.
10 Doctors from outside -- we see you. In fact, we use
11 Presence. We see -- everything that happens with my
12 family is in a Presence facility. So I don't see how the
13 doctor can be affiliated but not work for Presence. Yet
14 we're in the Presence facility.

15 THE WITNESS: Well, we have an independent
16 medical staff, so physicians from the community are
17 welcome to join our medical staff as long as they meet
18 our quality criteria. We welcome physicians from the
19 community regardless of their religious background or
20 beliefs.

21 ALDERMAN CARDENAS: So anything that happens
22 at Presence except for abortion, that can happen but that
23 is not --

24 THE WITNESS: Elective abortions, no, but if

1 there's a medical indication --

2 ALDERMAN CARDENAS: It's a choice. It's a
3 woman's choice. It's their decision to make with their
4 bodies.

5 Chairman, it's not to belabor this. This
6 is why I have an issue with this Ordinance. Providing
7 additional funding for an organization that has by
8 practice or policies something against, that goes against
9 beliefs of many, beliefs that I have for myself today in
10 terms of having options for women. I have three
11 daughters. I want them to have options. If they're
12 going to be in that Presence Health system, I want them
13 to be -- feel like they're part of the family and not
14 rejected when -- if something happens. As always in
15 life, something's always happening.

16 So if that's the case, you know, I have to
17 revisit my relationship with Presence, but I certainly
18 cannot vote for tax dollars to go to Presence based on
19 this criteria.

20 Thank you, Chairman.

21 CHAIRMAN BURKE: Very good.

22 Alderman O'Shea.

23 ALDERMAN O'SHEA: Thank you, Chairman.

24 Good morning, Doctor. How long has

1 Presence had a presence in the City of Chicago?

2 THE WITNESS: Presence Healthcare has been in
3 the Chicagoland area since roughly 2013 when there was a
4 merger between Resurrection Healthcare and Provena
5 Healthcare.

6 MR. SNYDER: I would add that those legacy
7 organizations go back almost 150 years, almost to --
8 preceding the founding of the City of Chicago. We have
9 one of our sisters here, Sister Terri, Sister of Mercy.
10 I think you all are familiar with Mercy Hospital in
11 Bronzeville which is not part of Presence Health but
12 that's been here for about 170 years.

13 ALDERMAN O'SHEA: How many facilities does
14 Presence have in the City of Chicago?

15 THE WITNESS: We have 11 acute care hospitals
16 and a multitude of --

17 MR. SNYDER: That's system wide. In the City
18 of Chicago we have three acute care hospitals. We have
19 about a dozen nursing homes, and then I'll have to get
20 the exact number on physicians' offices, but I believe
21 it's in the range of 60 to 70.

22 ALDERMAN O'SHEA: And can you tell me some of
23 the communities that you guys have a presence in?

24 MR. SNYDER: Sure. So St. Joe's on the lake.

1 Obviously Alderman Cappleman and Alderman Tunney are in
2 that service area with their wards, so that's at Diversey
3 along the lake shore. We are also not technically in the
4 City of Chicago with St. Francis Hospital but that is the
5 primary hospital for Rogers Park on the very far north
6 side of Chicago. Saints Mary and Elizabeth service the
7 west side of Chicago. It sits right at the border of
8 Humbolt Park and West Town, but the service area, as you
9 know with hospitals, it's kind of like the hospital's
10 here and there's a large radius around it. It goes all
11 the way to Austin and the city limits. And Resurrection
12 Medical Center which is on the far northwest side serves
13 Jefferson Park all the way out to the Airport.

14 Then additionally we have primary care
15 sites all around the city. As you heard from Ms. Kent,
16 we are through this proposed TIF ordinance building a
17 medical home on the far south side at 90th and Stony
18 Island.

19 ALDERMAN O'SHEA: Would it be fair to say that
20 much of your operations are in the underserved community?

21 MR. SNYDER: Absolutely. So roughly 40
22 percent of the patient, of the Presence Health patient
23 population in the City of Chicago, so we're talking
24 hundreds of thousands of people, are either on Medicaid

1 or what we call self-pay which means they require
2 financial assistance.

3 In 2016 we provided \$47,000,000 in charity
4 care throughout the City of Chicago in our service areas
5 to roughly 40,000 individuals. A lot of our resources go
6 to meeting that underserved need.

7 We've also looked at housing partnerships
8 which I think you've all heard quite a bit about in the
9 press this week -- how do we house, seek partnerships to
10 house homeless individuals. We run the largest
11 behavioral health operation in the state, so we're really
12 thinking about some of the hardest cases, patients that
13 we serve, how can we step in and fill that gap.

14 ALDERMAN O'SHEA: Can you share with me the
15 demographics, the makeup of your patients throughout all
16 these facilities?

17 MR. SNYDER: Yeah. Let me just -- I want to
18 make sure I get that correct, so I will quote our
19 demographic information. It varies again by ministry and
20 service area but -- I have it by the sites that are
21 listed in this TIF ordinance.

22 So Belmont-Cragin, it's one of the largest
23 primary care facilities for the Hispanic community and
24 also the Medicaid community on the west side of Chicago,

1 so that's at Belmont-Cragin. Roughly 19 percent are
2 patients that are served through Medicaid and 15 percent
3 are served through charity care, so a pretty substantial
4 amount.

5 The Avondale Medical Home, 35 percent of
6 the patients there do not have a primary care physician.
7 That is a mostly bilingual facility. It serves again a
8 largely Latino population.

9 Saints Mary and Elizabeth is a majority
10 minority patient population between the African-American
11 community and Garfield Park, Lawndale, Austin and then
12 also the Puerto Rican community and Latino communities in
13 Humbolt Park and further out on the northwest side. I
14 can get you exact demographics if requested.

15 ALDERMAN O'SHEA: Keep doing what you're
16 doing. Thank you.

17 MR. SNYDER: Thank you, Alderman.

18 CHAIRMAN BURKE: Any other questions of Dr. --
19 Alderman Hairston?

20 ALDERMAN HAIRSTON: It's still morning.

21 So I think the issue that I have is with
22 access to birth control or lack thereof in communities
23 with, black and brown communities that are and those that
24 are poor where you said that your clinics are located and

1 for people not to have, women not to have access for
2 their reproductive health. One of the most important
3 decisions that a woman will ever make is the decision
4 whether to or not to reproduce and they do not have that
5 option.

6 With the project on Wacker -- now do you
7 all have the information on that?

8 MR. SNYDER: Sure.

9 ALDERMAN HAIRSTON: Great. 27,000,000 was
10 spent on the project and only 2,000,000 for MBE/WBE?

11 MR. SNYDER: The 2,000,000 is related to the
12 13,000,000 that was spent on the office system.

13 ALDERMAN HAIRSTON: So of the 27,000,000 for
14 the project, how much was spent on MBE/WBE?

15 MR. SNYDER: I apologize. I don't have the
16 MBE/WBE numbers in front of me, but we do have Joe
17 Williams and Dan Zirilla (phonetic) who can answer those
18 questions for you.

19 ALDERMAN HAIRSTON: I thought it was stated
20 earlier that it was 2,000,000 in MBE/WBE, breaking it
21 down 20 percent and 6 percent which is below the City's
22 standards.

23 CHAIRMAN BURKE: Your Honor --

24 ALDERMAN HAIRSTON: Yes.

1 CHAIRMAN BURKE: Alderman, I think that may be
2 referring to the amount of the TIF support which is
3 5,000,000 and some dollars. If I misspoke, I apologize.

4 ALDERMAN HAIRSTON: No. This was at the
5 beginning of the hearing.

6 CHAIRMAN BURKE: I know. I think what I said
7 according to what the analysis was the total of the
8 WB/MBE was \$2,326,661 and that I believe relates --

9 ALDERMAN HAIRSTON: 20 percent and 6 percent
10 for WBE --

11 CHAIRMAN BURKE: -- to the \$5,553,000 in TIF
12 reimbursement not the overall project. They're spending
13 27,000,000 overall for the clinics that Alderman Harris
14 referred to, 5.5 million in City TIF. And of that 5.5
15 million, the 2.326 was committed to MBE contractors and
16 WBE contractors.

17 ALDERMAN HAIRSTON: So that would be the 20
18 percent that they spoke of and 6 percent, so still below
19 the City's standards. Okay.

20 What was the basis for getting the TIF
21 dollars? I don't consider Wacker to be a blighted area.
22 So what was the --

23 MR. SNYDER: I think that's a great question.
24 So when Presence Health formed roughly six years ago, six

1 and a half years ago, we pursued a number of different
2 options for our new corporate headquarters. So the
3 legacy systems that formed Presence Health were
4 Resurrection Healthcare which was headquartered out on
5 Talcott and then Provena Health which is headquartered in
6 Mokena in the Bolingbrook area of Illinois.

7 Our board of directors and our founding
8 congregation of sisters came together and said where can
9 we have the greatest impact with our resources, our
10 limited resources because as has been brought up, we're
11 the highest Medicaid provider in the state.

12 ALDERMAN HAIRSTON: And that was Wacker?

13 MR. SNYDER: I'm sorry?

14 ALDERMAN HAIRSTON: And that was Wacker?

15 MR. SNYDER: No, it wasn't. What happened was
16 we had a negotiation with the Mayor's Office and the
17 leadership of this City to say could we offset the
18 difference in the suburban office to be located downtown
19 because we want to make a statement of commitment to the
20 City of Chicago and could we use those funds to free up
21 capital funds to prioritize investments.

22 ALDERMAN HAIRSTON: So your statement -- I
23 mean to show that you're in Chicago means you have to be
24 on Wacker?

1 MR. SNYDER: No.

2 ALDERMAN HAIRSTON: I'm just trying to
3 understand. So what was the basis? Is it blight? What
4 was the but for test?

5 MR. SNYDER: So we worked in partnership with
6 the Mayor's Office and DPD and other leaders in the City
7 to identify --

8 ALDERMAN HAIRSTON: Who are the leaders in the
9 City? That's very general.

10 MR. SNYDER: Unfortunately it predates my time
11 in Presence Health, but I know there have been a number
12 of folks. People move through jobs and departments in
13 the City, so I'm sorry I can't recall names.

14 ALDERMAN HAIRSTON: So what I need to know is
15 what was the but for test. But for needing this money
16 that Presence would not be able to operate in the City of
17 Chicago. That's what I need to know. Because Wacker
18 Drive is not a blighted area. It is not a conservation
19 area. You know, they don't even own the building.

20 CHAIRMAN BURKE: Let me suggest that we bring
21 Law and Planning back to answer that question.

22 ALDERMAN HAIRSTON: Okay. All right. So then
23 I will ask questions when they come because my project --
24 my questions are really about the TIF money.

1 CHAIRMAN BURKE: Okay.

2 ALDERMAN HAIRSTON: Thank you.

3 CHAIRMAN BURKE: Very good.

4 Anything else of these witnesses?

5 Alderman Arena.

6 ALDERMAN ARENA: Thank you, Mr. Chairman.

7 Thanks for coming before us. So earlier
8 you referenced the ethical and religious directives for
9 Catholic healthcare services, and you didn't get specific
10 but I'm going to be specific here. Those directives say
11 birth control or any other contraceptive practice cannot
12 be promoted or condoned. Abortion is never permitted,
13 and temporary or permanent sterilization procedures
14 should not be performed by doctors. That's a directive
15 that when the doctor is operating in one of your
16 facilities is expected to adhere to.

17 So that runs in conflict to some of your
18 testimony that says you -- I believe you literally said
19 that there would be consultation on contraceptive
20 practice which this says cannot be promoted or condoned.
21 I point this out because the relationship between the
22 patient and the doctor is very influential.

23 My concern is that what I see with the
24 expansion of Presence Health that administers these

1 practices is being one in three hospital beds in a
2 Catholic hospital in Illinois is a Presence Health bed.
3 Nationally one in six is a Catholic hospital. So the
4 infiltration of religious doctrine into healthcare and
5 written large for me into other business practices and
6 government practices is of concern.

7 When an institution comes and says we want
8 public dollars and those public dollars are being given
9 to an institution that says, well, the separation between
10 church and state really doesn't apply here, your
11 religious doctrine being applied to how healthcare is
12 provided is a concern to me, and this is where I stand in
13 opposition of this kind of brand because that's from the
14 top of the organization down.

15 I said earlier the -- I don't think it
16 would be understated the influence of doctors and where
17 someone can get healthcare and especially women in
18 underserved community have very few options these days
19 because of consolidation and profitability being the
20 motive of organizations like yours and other hospital
21 systems that is dismantling the opportunities. I'll
22 point to a specific instance in my experience working
23 with Presence when it purchased Resurrection.
24 Resurrection Hospital is sited at or was sited at Central

1 and Addison.

2 MR. SNYDER: That's Our Lady of the
3 Resurrection.

4 ALDERMAN ARENA: Our Lady of the Resurrection.

5 CHAIRMAN BURKE: Well, the fact of the matter
6 is Presence did not purchase Our Lady of the
7 Resurrection.

8 ALDERMAN ARENA: Yes, it did.

9 CHAIRMAN BURKE: There was a coming together
10 of two separate hospital entities.

11 ALDERMAN ARENA: I will explain my point.
12 There was -- two came together. That hospital fell
13 underneath this umbrella, and its business practice at
14 that time was to dismantle the structure of that hospital
15 organization of the profit centers like testing and MRI
16 services and other ancillary services to create a
17 financial structure around the hospital that said that it
18 wasn't profitable, and what was recommended at that
19 time -- and I was in the meetings with the community,
20 multiple other aldermen and other community leaders when
21 we were told, well, this hospital is not profitable; your
22 community is going to have to go down to St. Mary's which
23 is about eight miles away, further away from Jefferson
24 Park than this hospital which is two miles or one mile.

1 So what I saw was a business practice that
2 said, well, we're going to take healthcare and we're
3 going to look at what's profitable and make what's not
4 not profitable instead of what I believe would be the
5 Christian thing to do is to say we provide services and
6 we want to find ways to do it. And I see this written
7 large in the healthcare system of the dismantling of this
8 type of operation.

9 So my concern is that we're putting \$5.5
10 million into a downtown office space and how that money
11 is used and whether it's really needed is in question for
12 me, and I'm hoping to hear more about the but for test.

13 But my experience with Presence is that
14 this is where I would want to see our public dollars
15 prioritized. So I have a daughter. My wife looks for
16 these services. My daughter may look for these services.
17 That relationship has to be between her and her doctor
18 whether she's in a Presence Health office or a
19 non-Presence Health office. My concern is that we make
20 sure that we are not supporting a structure that seems to
21 be growing here in Illinois, here in Chicago and around
22 this country that says, well, we're not going to do that.
23 We'll send you somewhere else. That is a really
24 difficult, emotional time for a patient.

1 That's why I stand in opposition to this
2 and why I think this conversation is focused around that
3 particular practice. So Chicago Chapter of Now is
4 opposed to this. Men4Choice is opposed to this. Twelve
5 members of the City Council wrote a letter talking about
6 why we think this is a particular way to use
7 infrastructure money for a hospital system that offers
8 this kind of doctrine which should be completely agnostic
9 in terms of religious doctrine when we're talking about
10 an individual's healthcare.

11 CHAIRMAN BURKE: Alderman, you're making a
12 great speech.

13 ALDERMAN ARENA: Thank you. I'm sorry, sir,
14 my --

15 CHAIRMAN BURKE: No, just a minute. I'm not
16 going to try to cut you off. My point is that those
17 remarks should be entertained if and when there's a
18 motion rather than when we're questioning the witnesses.
19 Now if you have a question for the witness, please --

20 ALDERMAN ARENA: Well, I'll --

21 CHAIRMAN BURKE: -- pose it.

22 ALDERMAN ARENA: I'm sorry. But others have
23 pointed directly to some of the things that were stated
24 in opposition as, you know -- and were not cut off, so I

1 just thought I should start with where my position is.

2 CHAIRMAN BURKE: I understand.

3 ALDERMAN ARENA: So let me ask you this
4 religious, ethical and religious directives for Catholic
5 healthcare services, what is your statement about how
6 that policy applies to providing services to my
7 constituents?

8 THE WITNESS: Well, through the right of
9 Healthcare Conscience Act we are required and we have
10 written into our policies and trained all of our
11 providers to counsel and to give care and to transition
12 care safely.

13 I think it's also important to recognize
14 as we mentioned before really ten percent of our
15 physicians are employed. The other 90 percent are
16 independent. Some of them have relationships at
17 neighboring hospitals. Some of them have relationships
18 with some of our federally qualified clinics that are in
19 our geography, Erie Health, Community First, Prime Care,
20 and are able to provide all services through those
21 clinics.

22 So there -- in terms of what happens
23 within the walls of the hospital, we are, indeed, bound
24 by the ethical and religious directives. But, again, I

1 think that that is somewhat tempered by the right of
2 Healthcare Conscience Act which requires our physicians
3 to make sure that we're offering alternatives and we're
4 counseling alternatives and giving good, safe handoffs of
5 care.

6 ALDERMAN ARENA: And I appreciate that. We
7 talked about this idea of hand-offs of care and
8 transition of services is really what is of most concern
9 to me because I've seen in actions of this Council in
10 terms of mental health services where we were told
11 absolutely that transition of care would be monitored and
12 happen, and we know that the outcomes now were not
13 productive.

14 Again, back to my point of what are the
15 results of those -- how do you track whether transitions
16 of care are actually successful or not? Do you know
17 based on this what happens after you say sorry, we can't
18 talk to you or we will not counsel you on the whole
19 person because this particular aspect of the person, we
20 have a religious doctrine that governs. So how do you
21 track and monitor and make sure that the results are
22 positive? And how can you say -- can you say here that
23 100 percent of those transitions are successful and
24 productive and everybody is served?

1 THE WITNESS: Well, that's certainly how we've
2 trained our providers, so I would hope that I could say
3 100 percent.

4 ALDERMAN ARENA: But you can't.

5 THE WITNESS: If there are any outliers --

6 ALDERMAN ARENA: Just be honest. You don't
7 need to sugar coat it.

8 THE WITNESS: -- I'd want to be aware. We do
9 share electronic medical records with some of these
10 partners that I've named, so we have full transparency in
11 terms of the transition of care and being able to follow
12 their care, participate either electronically or verbally
13 in their care and then have the transition back.

14 In some instances where we don't share the
15 electronic medical record, for example, Erie Health, we
16 have an agreement with them where we have a transition of
17 the records through basically paper that we then on each
18 side transition into the electronic medical record by
19 scanning so that we have to the best of our abilities the
20 continuity of the patient's case so that we can pick up
21 the care when they come back to us for their ongoing
22 continuity.

23 So we really do try to the best of our
24 efforts with the technologies that are out there to make

1 sure that this is a smooth transition. These referrals
2 are not necessarily blind referrals into the community.
3 These are organizations with whom we've built up
4 relationships over many, many years. Some of them we
5 have formal business relationships with. So we do feel
6 confident that they're getting high quality care. We
7 would only refer to facilities that we know are providing
8 safe care and only facilities that we know would
9 communicate with us and collaborate with us in the care
10 of that patient.

11 ALDERMAN ARENA: And that's appreciated. I
12 would hope -- I would think and I'm sure that the intent
13 is there and what you say that you hope for.

14 The problem is you can't answer my
15 question which is -- and what I believe from my
16 experience is that as many times as we'd like to believe
17 that everything goes well once they walk out the door
18 that's not what happens and you can't tell me -- and I
19 know the answer to this question. You can't tell me 100
20 percent that it is. You can't tell me whether it's 25
21 percent successful or 75 percent successful.

22 My concern is that historically and I
23 think -- historically it seems that we provided
24 healthcare agnostically, and going forward I think we

1 need to go back to that.

2 So the policy exists. It's fine that your
3 hospital adheres to that, but I disagree that the policy
4 should be applied at all, and that's not the -- that's
5 neither here nor there. You're testifying that that's
6 the policy you follow. I disagree that this policy is
7 the most successful, would lead to the most successful
8 outcomes that we would like to see especially in
9 neighborhoods where the position that a patient is in at
10 that emotional time when they're looking for counseling
11 on those types of services, when they're most vulnerable
12 and when they're seeing the travel times and the access
13 drop exponentially. I just don't believe that's the best
14 course of action, and I don't feel confident supporting
15 it with public dollars, so that's my statement on the
16 matter.

17 Thank you, Mr. Chairman.

18 CHAIRMAN BURKE: Thank you, Alderman.

19 Any other questions?

20 Alderman Sposato.

21 ALDERMAN SPOSATO: Thank you, Chairman.

22 Thank you for coming out this afternoon.

23 I don't know if many people know -- I talked to Alderman
24 Villegas. He's well aware of it. It happened before his

1 time, but about four years ago that hospital was on the
2 verge of closing, and there was a panic in the
3 neighborhood with the doctors that worked there. I know
4 many of them aren't really -- I know how it works, so ten
5 percent as you said. I met with the doctors. Presence
6 saved my community, northwest side basically. We were
7 worried about a hospital desert in our community.

8 Once again, I know you heard what I said
9 over here already, been there not as Presence but at that
10 particular hospital probably had about -- since I've been
11 in this neighborhood my whole life, I'm 59 years old,
12 probably had 10 or 12 different names since 1958.

13 Years back when I was a little guy, they
14 didn't have the best reputation when it was Northwest
15 Hospital and whatever else it was, but things have turned
16 around. A great addition. It's not only an addition to
17 the community but great management nowadays. Good things
18 have been done and I appreciate -- you could pass it on
19 to the powers that be at Presence. Thank you for
20 investing in our community. It's much needed. Like I
21 say, they serve Dunning, Portage, Belmont-Cragin, Austin,
22 Jefferson Park, many communities. I appreciate you guys
23 for everything you do. If you could pass it on to the
24 powers that be, I would appreciate it, and continue to

1 look forward to working with you guys on whatever need
2 to.

3 Of course, I'm a big help. And I don't
4 know if you guys are aware of it. You have a big fall
5 run, a 5K run at Portage Park. I'm glad to be part of
6 that along with Alderman Villegas. Anything you need
7 from me I'm there, and I appreciate all you guys do.

8 Thank you very much for saving my
9 community from being a hospital desert.

10 Thank you, Chairman.

11 CHAIRMAN BURKE: Alderman Tunney.

12 ALDERMAN TUNNEY: Mr. Chairman, I just want to
13 be on record fully supporting Presence.

14 I was involved at the time in the
15 relocation, and I know this Administration was very, very
16 proactive about bringing you downtown. I know that you
17 had choices, and it was very important for the Mayor then
18 and most of us are the same City Council to provide that
19 support for you to come in.

20 I know we've talked on both sides of it.
21 You know, I think a lot of us are realists and
22 pragmatists and not necessarily purists. I'm actually a
23 neighbor. I live right next door, and it's amazing the
24 diversity of the staff and the patients, and I've had ups

1 and downs with St. Joe's. I'm telling you they have
2 improved under Presence. They have committed to these
3 underserved neighborhoods, and I'm just proud to be a
4 neighbor and to see the investment.

5 I remember what happened right after I
6 became alderman. We lost Columbus Hospital, and the
7 Mayor at the time said to me I want a commitment for my
8 hospitals to be in planned developments, and my property
9 along the lakefront is very, very valuable, and what
10 Presence did or the predecessor was to commit to the City
11 for healthcare. They spent millions -- I think it's
12 \$100,000,000 even in Lakeview. Never mind what they're
13 doing all over the city.

14 I know a lot has been said. But I think
15 we as elected officials have done a lot in terms of
16 supporting Catholic organizations with TIF dollars.
17 So I don't know why Presence is being held as a scapegoat
18 for things that we have done as a Council for years and
19 years and years. I believe that they truly deserve for
20 their employment, for their good services around the City
21 and I'm happy -- I would ask for a motion to move do pass
22 if it would be in the Chairman's interest.

23 CHAIRMAN BURKE: All right. Would you hold
24 that please until we conclude the testimony?

1 Are there any other questions of these two
2 witnesses?

3 ALDERMAN ARENA: Point of information

4 CHAIRMAN BURKE: The Chair recognizes Alderman
5 Arena on a point of information.

6 ALDERMAN ARENA: Just want to be clear.
7 Community First Hospital is not -- is or is not a
8 Presence --

9 MR. SNYDER: That is not a Presence Health
10 hospital. We do have contractual relationships with
11 Community First Hospital for services and physicians and
12 so forth, but they are not part of the Presence Health
13 family.

14 ALDERMAN ARENA: So that is -- to be clear,
15 Presence has acquired that in the cause of opposition to
16 some of the points that I have made by the doctors, staff
17 there was meetings there, and ultimately that was sold
18 and constituted as Community First under a law that was
19 passed in this state that allowed for corporations that
20 were non-for-profit and literally are public benefit
21 corporations. So I applaud Community First and the way
22 they -- their business practices because they pay for
23 services that don't take profit until everything else is
24 served. It's exactly what I would love to see your

1 institution and other institutions like that that are
2 providing healthcare services model themselves as.

3 So just to be clear, that there was a
4 transition there, and right now my community is served by
5 Community First which is not a Presence Hospital.

6 Thank you.

7 CHAIRMAN BURKE: Any other questions?

8 Alderman Harris.

9 ALDERMAN HARRIS: Thank you, Mr. Chair.

10 Just for point of clarity because I'm in
11 receipt of a letter from my colleague that states that
12 even in the event of medical emergencies you never do
13 abortions. So I just want to make sure it's clear that
14 in your statement you said in the event -- and I'd like
15 you to read it for the record.

16 THE WITNESS: In the event of a medical
17 emergency, an abortion would be performed. If it's a
18 life-saving procedure, it will be done.

19 ALDERMAN HARRIS: So other than that, every
20 reproductive issue, they're referred out?

21 THE WITNESS: Some are. Some aren't depending
22 on the medical necessity and the medical indication for
23 the procedure.

24 ALDERMAN HARRIS: So for contraceptives, you

1 would say it's between the doctor and the patient
2 relationship. So if the doctor prescribes -- the doctor
3 can prescribe contraception?

4 THE WITNESS: Yes.

5 ALDERMAN HARRIS: Thank you.

6 Thank you, Mr. Chairman.

7 CHAIRMAN BURKE: Alderman Reilly.

8 ALDERMAN REILLY: Just because we've gone down
9 this line of questioning, I have one question. So in the
10 case of a medical emergency, you would perform that
11 procedure?

12 THE WITNESS: Yes.

13 ALDERMAN REILLY: But in the cases of rape or
14 incest, you would not?

15 THE WITNESS: An abortion, no, because that
16 would be considered elective. Only if it's a medical
17 emergency. However, we do stock Plan B in our emergency
18 rooms, and in cases of sexual assault, our physicians do
19 use Plan B.

20 ALDERMAN REILLY: In instances of -- I'm
21 sure -- I hope it's rare -- incest, same, the same
22 applies?

23 THE WITNESS: Yes. That would be under the
24 same category.

1 ALDERMAN REILLY: Thank you. The statement is
2 made not for questioning, Chairman.

3 CHAIRMAN BURKE: Any other questions of these
4 two witnesses?

5 Alderman Capplemann.

6 ALDERMAN CAPPLEMAN: Just a quick question.

7 My understanding, my experience is it's
8 the relationship of the patient with the physician
9 that -- it's out of that relationship that the
10 physician -- I work with that physician. So if I have a
11 physician who believes in abortion, that physician could
12 refer me to another facility to get that elective
13 abortion?

14 THE WITNESS: Yes. And if you have a
15 physician who doesn't believe in abortion, they're still
16 legally and ethically obligated to refer you.

17 ALDERMAN CAPPLEMAN: Okay. Does that
18 physician take any oath or is there any requirement that
19 that physician follow Roman Catholic Church teachings for
20 abortions?

21 THE WITNESS: When our physicians join the
22 medical staff, we ask them to review the ethical and
23 religious directives so that when they're practicing
24 within the walls of our facility that they have an

1 understanding of what they're being asked to do. When
2 they're outside of those walls, even if they have an
3 affiliation with us, their care is under their clinical
4 judgment and not influenced by us.

5 ALDERMAN CAPPLEMAN: So a physician does not
6 have to believe the Roman Catholic Church teachings and
7 still practice as a physician?

8 THE WITNESS: Absolutely. We have physicians
9 of all religious backgrounds, all ethnicities. We have
10 an extremely diverse medical staff and nursing staff as
11 well.

12 ALDERMAN CAPPLEMAN: Okay. Thank you.

13 CHAIRMAN BURKE: Any other questions of these
14 two witnesses?

15 (No response.)

16 Alderman O'Shea raised some issues about
17 history and legacy, and I noticed you were conversing
18 with one of the good Sisters of Mercy who's here today.
19 It might be interesting to the members of the City
20 Council to know that John Evans served in the City
21 Council from 1853 to 1855. John Evans founded the first
22 hospital in Chicago, Lakeside Hospital, which became
23 Mercy Hospital, and it was John Evans who also founded
24 the Republican party of Illinois and founded Northwestern

1 University and invited the Sisters of Mercy from Dublin
2 after writing to Mother McCauley to come to his first
3 ever hospital in Chicago, Lakeside Hospital, which he
4 then two years later turned over to the Mercy nuns who
5 renamed it Mercy Hospital. Today it is the oldest
6 hospital in Chicago founded by Dr. Evans who was a
7 Chicago alderman representing the 2nd Ward.

8 So hopefully, Alderman O'Shea, that
9 expands your knowledge of Chicago history and some of our
10 predecessors just a little bit.

11 Any other questions?

12 Alderman Cappleman.

13 ALDERMAN CAPPLEMAN: I just wanted to add to
14 that history. Mercy Sisters, when I was a Franciscan in
15 Detroit, Sister Agnes Mary Monsour, a Mercy Sister,
16 worked for the City of Detroit and was asked by the
17 Bishop to step down from her office because the Detroit
18 hospitals were providing abortion under her auspices and
19 she refused to do that because she believed it was
20 unethical to step down. She ended up leaving the order
21 because the Bishop required it, but the Sisters of Mercy
22 allowed her to stay in their convent because of their
23 belief of supporting Sister Mary Agnes Monsour.

24 Thank you.

1 CHAIRMAN BURKE: Any other questions of these
2 two witnesses?

3 (No response.)

4 Thank you very much, Doctor. Thank you
5 very much.

6 Law and Planning, we have a question from
7 Alderman Hairston about but for.

8 Alderman Hairston. Would you care to
9 restate your question, Alderman Hairston?

10 ALDERMAN HAIRSTON: So what was the basis for
11 the TIF dollars?

12 MR. HASTINGS: So, again, for the record, my
13 name is Chip Hastings, Managing Deputy Commissioner of
14 the Department of Planning.

15 We received a request, we initially
16 received a request from Presence Health back in 2011 I
17 believe it was or 2012. At the time they were
18 contemplating several different locations for their new
19 headquarters, most of them regionally, if I remember
20 correctly. As part of our analysis and underwriting and
21 eventually coming to the conclusion that 5.5 was
22 sufficient and reasonable. We looked at the costs for
23 the relocation for each --

24 ALDERMAN HAIRSTON: You're dancing all around

1 here. I know that you figured that the 5.5 was
2 reasonable because that's what we're considering today.

3 MR. HASTINGS: Right.

4 ALDERMAN HAIRSTON: My question is: What was
5 the but for test because it's -- Wacker is not a blighted
6 area. It's not a conservation area, so I'm trying to
7 figure out how did you rationalize using TIF dollars for
8 this project. What was the standard?

9 MR. HASTINGS: I'll defer the legal question
10 to Susan Lopez, the attorney, but from our perspective,
11 underwriting, in coming to the amount, the analysis --

12 ALDERMAN HAIRSTON: I want to know about the
13 TIF. I had not asked that question. I know what the
14 number is. So if I can get my answer.

15 MS. LOPEZ: I'm Susan Lopez, Chief Assistant
16 Corporation Counsel from the Law Department.

17 The but for test that's required in the
18 TIF Act goes to the establishment of the TIF area itself.
19 When the LaSalle Central TIF area was established, the
20 consultants determined that but for the establishment of
21 the TIF area --

22 ALDERMAN HAIRSTON: That was when the TIF was
23 created.

24 MS. LOPEZ: Right.

1 ALDERMAN HAIRSTON: I was actually here when
2 it was done, so I get how TIFs are created. My question
3 is: With this particular project, when you all decided
4 that \$5.5 million was a good spend of the TIF dollars,
5 what was the reason.

6 MS. LOPEZ: The but for test is not required
7 for individual projects. Nevertheless --

8 ALDERMAN HAIRSTON: Okay.

9 MS. LOPEZ: -- Planning has its own policies.

10 ALDERMAN HAIRSTON: Okay. All right. That's
11 really all I needed to know.

12 Thank you.

13 CHAIRMAN BURKE: Thank you, Alderman.

14 Any other questions of Planning or Law?

15 Alderman Arena.

16 ALDERMAN ARENA: Just to continue what the --
17 our attorney said, and this is for Mr. Hastings, does the
18 Planning Department ever use a but for test in
19 determining whether an individual allocation is
20 appropriate or not?

21 MR. HASTINGS: I think the term but for is a
22 bit of a misnomer because it's a legal term. What we do
23 is an analysis based on the numbers that we're presented
24 with, a cost benefit analysis for the potential of them

1 relocating out of the City versus the benefits that will
2 inure to the City if they're -- if we're able to sustain
3 them here in the south central loop in this case.

4 ALDERMAN ARENA: So that analysis leads you to
5 whether somebody would make a decision to locate at this
6 particular location or some other location or whether a
7 project would be developed?

8 MR. HASTINGS: Correct.

9 ALDERMAN ARENA: So if it's within that
10 analysis that the "whether or not" or but for this
11 assistance a corporation or a business would make the
12 decision to invest in Chicago?

13 MR. HASTINGS: Yes.

14 ALDERMAN ARENA: Thank you.

15 CHAIRMAN BURKE: Any other questions?

16 Alderman Hairston.

17 ALDERMAN HAIRSTON: Now I'm a little more
18 confused. So in the analysis -- so this 5.5 million for
19 the Wacker location was to rehab the offices?

20 MR. HASTINGS: They were rehabbing -- they did
21 rehab an existing office space, yes.

22 ALDERMAN HAIRSTON: And that is complete. So
23 they don't need the money in order to complete it; right?

24 MR. HASTINGS: When I initially began

1 attempting to answer your question, I think I opened with
2 we initially received the request in 2011.

3 ALDERMAN HAIRSTON: I don't need you to be
4 flip.

5 MR. HASTINGS: I apologize.

6 ALDERMAN HAIRSTON: I was trying to get my
7 question answered, and I was trying to get the answer
8 which obviously she was supposed to answer, but I really
9 do not appreciate your smart comment. I'm just trying to
10 get the information. You all are the ones that want this
11 project passed. You're the ones, so the least thing --
12 and I'm entitled to ask questions. That is my job to ask
13 questions about the project, to ask questions about
14 things that I don't understand, specifically when you're
15 using taxpayer dollars that is very closely tied to
16 religious beliefs. So forgive me if it is offensive that
17 I am asking these questions, but I am entitled to ask
18 these questions.

19 So the project is finished; right?

20 MR. HASTINGS: Yes.

21 ALDERMAN HAIRSTON: So they were able to
22 complete it without the TIF dollars, so it would come off
23 the back end; right?

24 MR. HASTINGS: Yes.

1 ALDERMAN HAIRSTON: So I'm just not
2 understanding -- and so we thought that -- the Planning
3 Department thought this was a good idea to rehab their
4 offices because?

5 MR. HASTINGS: I apologize. I was -- I'm
6 attempting to answer the question. To the best of my
7 ability, the answer is this: We evaluated their request
8 based on the financial information we had about their
9 potential relocation to the sites to which they were
10 potentially going to relocate. We did an economic
11 analysis based on those costs against what we could try
12 to do, in this case the TIF assistance, to close that gap
13 to retain them downtown.

14 In doing so -- that conversation started
15 back in 2012. I just point that out because it's been
16 several years, and over the course of those several
17 years, the deal has evolved from a headquarters deal to a
18 headquarters deal which we were also able to leverage
19 several medical home facilities.

20 ALDERMAN HAIRSTON: And I haven't had a
21 grocery store since 2011, but, you know, so big stuff
22 happens, right, from Planning and Development.

23 I just -- so even over the course of the
24 years -- you were filling in the gap because they

1 couldn't afford the rent or you were filling in the gap
2 between what and what?

3 MR. HASTINGS: The costs associated with their
4 potential relocation sites for the headquarters. Again,
5 it was several years ago. I believe two of them were in
6 the suburbs. One of them might have been downstate. I
7 can check and provide that information through the Chair.
8 But the cost for the leases there, the cost for ownership
9 versus leasing those facilities, the cost for building
10 out those facilities versus the costs -- the TIF is
11 intended to offset those costs in an attempt to retain
12 the 200 jobs at this location within Chicago.

13 ALDERMAN HAIRSTON: Well, not the ones
14 downstate, right, and not the ones the other places. I'm
15 talking about Wacker.

16 MR. HASTINGS: I'm talking about Wacker as
17 well. When we originally underwrote the deal, when we
18 looked at the benefit of retaining the company here and
19 the costs associated with that, what we looked at was
20 trying to balance the costs they would incur with
21 relocating elsewhere.

22 ALDERMAN HAIRSTON: But retaining the company
23 is doing a rehab. I mean -- and so am I to assume that
24 they just had to be on Wacker, that they could not have

1 been on Michigan or Indiana or Prairie or anywhere else,
2 that they just had to be here so that we could give them
3 this money?

4 MR. HASTINGS: So I would defer to Presence in
5 terms of how they concluded that this was the location
6 they wanted to be at, but when we were evaluating the
7 deal, we were evaluating the deal based on trying to
8 retain them at their preferred location versus outside
9 the City.

10 ALDERMAN HAIRSTON: Okay. Thank you.

11 MR. HASTINGS: You're welcome.

12 CHAIRMAN BURKE: Any other questions?

13 (No response.)

14 Thank you, Law. Thank you, Planning.

15 Any other questions?

16 I think Mr. Blakemore wanted to comment on
17 this.

18 WHEREUPON:

19 GEORGE BLAKEMORE,
20 testified before the Committee on Finance as follows:

21 THE WITNESS: At '76, I broke one of the
22 concerned citizen rules. I fell asleep. So I guess
23 that's the way you all feel when I come up and speak,
24 that you don't have to listen. You breaking the rule.

1 Anyway, dealing with comprehensive
2 healthcare with dignity and respect at this particular of
3 those hospitals, Presence, Catholic charity has not been
4 a friend of the black community. They are the ones who
5 endorsed our immigration and naturalization laws for
6 sanctuary. That's their religious feeling even though it
7 goes against the law, and the City have entered that
8 sanctuary against the immigration law. So I know we're
9 talking about comprehensive healthcare with dignity and
10 respect.

11 My question to these people if they're
12 still here, Presence, who -- how many blacks are on your
13 board; how much money do you spend on undocumented people
14 using your healthcare system and how much money do you
15 spend by race also on the black community? And it is in
16 our great nation, in our democracy so-called a separation
17 of government and religion, to give this money to a
18 religious organization when we have government hospitals
19 here, John Stroger Hospital, and when we have a city that
20 revived a health department.

21 It's no way to make sure that these
22 dollars are used in the interest of all the citizens of
23 our great city when some will choose an abortion. You do
24 not provide it, but you come to this entity to get money.

1 It's ridiculous.

2 If I was an alderman, I'm just a concerned
3 citizen, I would not vote for these reasons that I've
4 already stated. It's not your business to give money to
5 these religious organizations.

6 In a few minutes -- I mean perhaps you're
7 gonna go and give money to those schools too, and they're
8 doing that, and some government taxes and whatever.

9 You didn't do that when these other people
10 came up, when that lady came up with the union. I'm
11 talking about even before she started asking -- or you
12 started asking her questions. I kept getting up then
13 telling -- indicating that it was time for her. These
14 previous black women that spoke, you had that clock
15 ticking there. So it's a lot of inequality and unjust
16 that is going on here with this Body.

17 I see now cell phones, the writing. You
18 all are arrogant, arrogant. But you won't show security
19 people but your policemen in our global city to give
20 protection is a safety hazard. You don't want them to be
21 on the cell phone when they out on Michigan Avenue. They
22 supposed to be watching these people. So the same
23 standards. You all do not set good standards for our
24 citizens. So the citizens see how you act so they can

1 act accordingly.

2 So -- don't go there with that hitting
3 that. You stop it.

4 Over 47 years and all this money being
5 spent. What I've heard today is just atrocious. It's
6 bad public policy from these -- from this money, these
7 settlements and all. The City reflects you, and the
8 reason the shenanigan going on because you all allow this
9 to happen. Known as a corrupt city but it's a beautiful
10 city, a city of -- a tale of two cities.

11 So I would not -- I urge you -- but you
12 gonna do it. Who am I to say do not go there giving
13 these people the money. And how are you -- MBES and
14 WBEs, whatever, this contract. Ask these questions --
15 how many or what do you -- and they're hiring from the
16 nurses and all -- how many are black, how many vendors
17 are black that provide services to that hospital? It's
18 many questions.

19 If I had been an alderman, I would have
20 drilled them real bad, bad, bad. When you do it, I'm
21 going to do it. So monkey do, monkey see. When you
22 start bam, bam, then I can bam, bam. Who are you? And
23 who am I? We're both equal citizens of our global city,
24 and you allow a lot of shenanigans to go on these 47

1 years. You do not use your power.

2 CHAIRMAN BURKE: Any other questions?

3 (No response.)

4 All right. Alderman Harris wants to be
5 present for the closing debate on this matter. I'm led
6 to believe she's on her way.

7 In the meantime, before we call the
8 matter, Alderman Tunney, you have a matter on the agenda,
9 do you not?

10 ALDERMAN TUNNEY: I had a motion on the
11 matter.

12 CHAIRMAN BURKE: All right. I guess yours is
13 being introduced on Wednesday. I misspoke. All right.

14 We have Item Number 9, 10, 11, 12 and 13
15 which are routine matters.

16 Alderman Zalewski moves to recommend do
17 pass on those matters.

18 In the meantime, Alderman Matt O'Shea
19 moves to recommend do pass on this matter.

20 Is there any debate?

21 And I would like to recognize Alderman
22 Reilly as a close because this matter is in the 42nd
23 Ward.

24 On the motion by Alderman O'Shea.

1 ALDERMAN HAIRSTON: Roll call.

2 CHAIRMAN BURKE: Alderman Harris is coming
3 back.

4 On the motion by Alderman O'Shea, Alderman
5 Harris is recognized.

6 ALDERMAN HARRIS: Thank you.

7 Today, Chairman, I just want to say thank
8 you. As a woman, you know, I share issues of
9 reproductive health myself, and I take it to heart that
10 people who are not always in the same position that I've
11 been in my entire life, to be an assured person with
12 choices, and I take that issue so seriously.

13 Additionally, I've offered and I've been
14 given a copy of the policy that clearly demonstrates
15 their commitment to discussing all available services
16 with their patients and the fact that they refer
17 individuals out in a timely fashion.

18 Additionally, Presence Health has also
19 stocked in their emergency rooms the Plan B, and
20 physicians can provide contraceptive care without
21 questions to victims of sexual abuse.

22 So I've listened very closely to each
23 side, and I'm not discounting any of the issues that my
24 colleagues have said or have expressed, but I'm asking

1 that we support this Ordinance.

2 My facility would be the last one that
3 would be done, so clearly the others have all been
4 remodeled, redone. However, my facility on Stony Island
5 has not been.

6 Now it's an older place. It's been there.
7 Dr. Gomez Charleston was there for years as a primary
8 care physician, and when they bought the facility, he
9 decided that it was time, as an older person that he
10 wanted to leave and start on a new portion of his life,
11 so they've been looking for a primary care physician to
12 come there and replace as the primary caregiver for that
13 facility.

14 I'm asking my colleagues to support this.
15 It's something that's needed as our community is
16 transitioning and getting older, for people that live
17 there to have options in care.

18 Advocate Trinity is merely blocks away,
19 and they share some of the same policies that Presence
20 does. So there's never been issues in that community,
21 and even when I was an Advocate member, there were never
22 issues with my reproductive healthcare that Trinity,
23 Advocate Trinity did not take care of. They may not do
24 it. If they don't do it, they give you a referral.

1 So these places exist all over the City of
2 Chicago, some of the same issues all across the board,
3 and so I'm asking everybody again for their support of
4 this.

5 Again, the facility is something that's
6 needed in an age where hospitals are just not living and
7 surviving every day and so that our communities of color
8 have options.

9 So thank you, and thank you for allowing
10 me to catch my breath.

11 CHAIRMAN BURKE: Relax. We may have to get
12 that doctor over here.

13 ALDERMAN HARRIS: Yeah, I'm telling you.

14 CHAIRMAN BURKE: Is there anyone else who
15 wishes to be heard?

16 Alderman Hopkins.

17 ALDERMAN HOPKINS: Thank you, Mr. Chairman.

18 This is a highly personal issue. I spent
19 the better part of Wednesday afternoon at the bedside of
20 a very dear friend of mine who is fighting cancer. He
21 received his 16th chemo treatment, and the prognosis at
22 this point we're unsure, but he's receiving outstanding
23 care. I had the occasion during the course of the
24 afternoon to talk to some of his caregivers, his

1 oncologists, some of the technicians. At no point did it
2 occur to us to ask about their position on women's
3 reproductive rights, about their politics, who they may
4 have voted for for president, what their religious
5 background might be. None of that matters.

6 Cancer is a disease that I would venture
7 to assume has touched the lives of everyone in this room.
8 If not a friend, perhaps a family member, a loved one,
9 someone close to you. Perhaps you had a scare yourself.
10 When you have to deal with cancer, the only thing that
11 matters is getting the best quality care that you can
12 possibly find and getting the treatment that we're all
13 entitled to with dignity, with professionalism and with
14 state-of-the-art equipment. That's what we mean when we
15 say we're battling cancer, we're fighting cancer, when we
16 wear purple a couple of times a year, when we participate
17 in a 5k to raise money or when we fund a new cancer
18 facility which we have done in the 2nd Ward under the
19 terms of an agreement that actually predated my
20 assumption of the office of the alderman of the 2nd Ward,
21 an agreement in form and in concept if not in law that
22 requires us at this point to honor our half of the
23 agreement.

24 Saints Mary and Elizabeth Hospital has a

1 cancer treatment center that you and I, Chairman Burke,
2 had the privilege of attending the ribbon cutting
3 ceremony for. It is treating 13,000 patients, 13,000 of
4 our neighbors in Chicago who are suffering from the
5 disease of cancer, and that was part of this
6 redevelopment agreement when it was conceptualized years
7 ago.

8 It is operational today, and it is an
9 outstanding facility. If you'll indulge me, I'm just
10 going to read a couple of sentences from the
11 redevelopment agreement that describes what this facility
12 is doing in the 2nd Ward. Patient and family centered
13 care will be enhanced through enhanced radiation,
14 oncology, imaging capabilities which will be updated to
15 current market standards, financial counseling services
16 to help patients who have difficulty paying their bills,
17 dedicated dietetic services for cancer patients, a
18 patient centered reception area focused on education and
19 a community resource center. The cancer center will have
20 private treatment rooms, an in-house pharmacy, a
21 dedicated personal care navigator and a community room
22 for support groups, educational and social activities.
23 All this being provided by one of the largest Medicaid
24 providers in the city.

1 These are low income families. These are
2 low income patients, many who have no insurance or who
3 are underinsured, and they're getting first-class cancer
4 care comparable to anything you would find at
5 Northwestern or at Lurie Cancer Center, and this is what
6 Presence Healthcare System agreed to when we made this
7 redevelopment agreement with them. They are upholding
8 their end of the bargain in the 2nd Ward.

9 We are obligated, and I say this as a
10 pro-choice Catholic, we are obligated to uphold our end
11 of the agreement and to support this financial incentive
12 that they have earned.

13 Thank you, Mr. Chairman.

14 CHAIRMAN BURKE: Anyone else wish to be heard?

15 (No response.)

16 To close, Alderman Reilly.

17 ALDERMAN REILLY: Thank you, Chairman.

18 So I've been sitting here like everyone
19 listening to the back and forth on this issue, and I
20 think it would be helpful if I could provide a little bit
21 of context.

22 As Alderman Hopkins just mentioned, this
23 has been a proposal that has been kicking around for
24 close to six years now. The headquarters for Presence

1 Health is located at 200 South Wacker which used to be in
2 the old 2nd Ward before the remap dismantled that
3 jurisdiction. It then came into the 42nd Ward. So I
4 know that a number of the initial conversations about
5 this idea and this proposal took place I believe with
6 Alderman Fioretti and members of the Administration.

7 About a year ago apparently this became a
8 priority again, and at that time Presence Health came to
9 visit with me to bring me up to speed on the proposal and
10 help me understand the request.

11 I want to say for the record that Presence
12 Health -- I'd like to give them a compliment. They did
13 their best to answer every single question I had. They
14 were professional. I know for a fact that they are an
15 excellent healthcare provider, and I want to talk about
16 that a little bit.

17 I mean in perspective here -- especially
18 because my father is a doctor who runs big hospitals.
19 Most recently he ran Cook County Hospital. He was the
20 Chairman of Medicine there for a couple of decades.
21 Before that he actually worked for a Catholic hospital in
22 Rochester, New York, St. Mary's Hospital, an inner city
23 hospital that did almost all of its business with
24 Medicaid patients serving the poorest neighborhoods and

1 communities in Rochester, New York.

2 This was 25 years ago, but St. Mary's made
3 the decision all the way back then that a really smart
4 investment was in these neighborhood health clinics,
5 getting healthcare closer to the client where they live.
6 This was something that was not in fashion 25 years ago,
7 but it was something that my father and a few other
8 doctors pioneered, and it was something that then Mario
9 Cuomo, governor of New York, decided to replicate for his
10 state to be building on these healthcare clinics.

11 So what Presence is doing here now, the
12 investments that they are making in these neighborhoods,
13 this is all good stuff, and I think it's excellent
14 healthcare policy. So I appreciate the team at Presence
15 Health for the time they've spent with me trying to
16 persuade me to support this.

17 As Alderman Burke mentioned, this is a TIF
18 request for TIF funds from within the 42nd Ward.

19 Although I have had my own concerns about this as a
20 matter of public policy, subsidizing healthcare systems
21 that do not provide reproductive healthcare services for
22 women, I didn't want this bottled up in Committee.

23 Because there are healthcare clinics involved, I thought
24 it was something the entire Council should debate. So

1 rather than just keeping it bottled up and speaking with
2 the Administration and Chairman Burke, it was decided
3 this could proceed for a vote.

4 My issue here is not with the quality of
5 care that Presence Health provides. They have a sterling
6 reputation. They serve many thousands of medical
7 clients, and they do it very well. For me the issue
8 comes down to should the City of Chicago be providing a
9 public subsidy, city tax dollars, to fund a hospital
10 system that does not provide those basic reproductive
11 health services.

12 For me as a pro-choice, also Catholic, I
13 can't support this request. What I've told my colleagues
14 that do support this because they're either getting a
15 healthcare clinic or for some other reason, this is not
16 something I'm taking personally at all, and I'm not
17 looking at this as a 42nd Ward issue. It touches nearly
18 every ward in the City.

19 But I guess St. Mary's many years ago when
20 they made these investments in the inner city building
21 all these healthcare clinics did not ask for or receive a
22 red penny to do so. They did it because they found it
23 was more cost effective in providing a high level of care
24 for their clients. They also found it was a great way to

1 boost enrollment and getting people enrolled in Medicaid,
2 people that were otherwise relying upon emergency rooms
3 for all of their basic healthcare services which is
4 incredibly costly, so St. Mary's made that choice on
5 their own.

6 Again, I credit Presence Health for, one,
7 for keeping their headquarters here in the City of
8 Chicago. I'm glad to have them as a stakeholder in the
9 42nd Ward, and I'm glad they're making these critical
10 investments in these neighborhoods by building out these
11 clinics. They're sorely needed.

12 For me personally as a pro-choice
13 alderman, I can't support this request because it
14 involves public tax dollars subsidizing this particular
15 mission which does not provide reproductive healthcare
16 services for all women. Therefore, I would be voting no.

17 But I wanted to share the perspective in
18 the context because this has been going on -- this has
19 been discussed for many, many years.

20 The last thing I want to say is to my
21 colleague Alderman Hopkins about commitments being made.
22 Because this has been discussed for so long -- this was
23 actually something that started with Alderman Fioretti,
24 and whatever commitments Mr. Fioretti may have made at

1 the time at this point are moot because this City Council
2 never executed an agreement. That's what we're here to
3 do today.

4 So I don't feel that people who choose to
5 vote no are shirking an obligation or making the City a
6 bad faith actor in negotiating. I think each alderman
7 here has to vote yes or no based on their conscience.
8 I'm certainly not going to judge anybody who votes yes or
9 no. That's up to us as policy makers.

10 So to be very clear, I'll be voting no
11 today, but that's not a comment on the high level of care
12 and the excellent service Presence Health provides to
13 their clients. I think they do a tremendous job, and I'm
14 glad to have them in my ward.

15 So, Chairman, thank you for indulging me
16 and allowing me to explain how we got here and how I plan
17 to vote, but I feel like that was important before we
18 closed and entertained a motion.

19 Thank you, Chairman.

20 CHAIRMAN BURKE: Very good.

21 Now, on Alderman O'Shea's motion to
22 recommend do pass, all those in favor signify by the
23 usual sign of aye.

24 ALDERMAN HAIRSTON: I asked for a roll call.

1 CHAIRMAN BURKE: I'm sorry. Call the roll.

2 MS. KAIDEN: O'Connor?

3 VICE-CHAIRMAN O'CONNOR: Aye.

4 MS. KAIDEN: Moreno?

5 (No response.)

6 Dowell?

7 ALDERMAN DOWELL: No.

8 MS. KAIDEN: Hairston?

9 ALDERMAN HAIRSTON: No.

10 MS. KAIDEN: Sawyer?

11 (No response.)

12 Mitchell?

13 (No response.)

14 Harris?

15 ALDERMAN HARRIS: Yes.

16 MS. KAIDEN: Beale?

17 ALDERMAN BEALE: Yes.

18 MS. KAIDEN: Thompson?

19 (No response.)

20 Cardenas?

21 ALDERMAN CARDENAS: No.

22 MS. KAIDEN: Quinn?

23 (No response.)

24 Foulkes?

1 (No response.)
2 Kurtis?
3 (No response.)
4 O'Shea?
5 ALDERMAN O'SHEA: Aye.
6 MS. KAIDEN: Cochran?
7 (No response.)
8 Brookins?
9 (No response.)
10 Munoz?
11 (No response.)
12 Zalewski?
13 ALDERMAN ZALEWSKI: Aye.
14 MS. KAIDEN: Solis?
15 (No response.)
16 Maldonado?
17 (No response.)
18 Burnett?
19 ALDERMAN BURNETT: Aye.
20 MS. KAIDEN: Ervin?
21 ALDERMAN ERVIN: Yes.
22 MS. KAIDEN: Reboyras?
23 (No response.)
24 Waguespack?

1 ALDERMAN WAGUESPACK: No.

2 MS. KAIDEN: Austin?

3 (No response.)

4 Mitts?

5 (No response.)

6 Sposato?

7 ALDERMAN SPOSATO: Aye.

8 MS. KAIDEN: Laurino?

9 ALDERMAN LAURINO: Aye.

10 MS. KAIDEN: Reilly?

11 ALDERMAN REILLY: No.

12 MS. KAIDEN: Tunney?

13 ALDERMAN TUNNEY: Aye.

14 MS. KAIDEN: Arena?

15 ALDERMAN ARENA: No.

16 MS. KAIDEN: Osterman?

17 ALDERMAN OSTERMAN: No.

18 MS. KAIDEN: Joe Moore?

19 (No response.)

20 Silverstein?

21 (No response.)

22 Burke.

23 CHAIRMAN BURKE: Rule 14, Madam President.

24 I've represented the Mercy order in litigation which is

1 one of the board of directors of the hospital, and I was
2 the lawyer that represented Our Lady of the Resurrection
3 in its application for a grant of authority for the
4 expansion of 262 beds.

5 Alderman Sawyer, do you care to --

6 ALDERMAN SAWYER: Aye.

7 CHAIRMAN BURKE: Alderman Sawyer votes aye.

8 Alderman Thompson votes aye.

9 Alderman Mitchell votes aye.

10 There are 13 yeas, 7 nays. In the
11 opinion of the Chair, the motion prevails, and the
12 recommendation will be in the affirmative.

13 Is there anything further, ladies and
14 gentlemen?

15 (No response.)

16 ALDERMAN BURNETT: Move to adjourn.

17 CHAIRMAN BURKE: Alderman Burnett moves we
18 adjourn.

19 All those in favor signify by the usual
20 sign of aye.

21 (A chorus of ayes.)

22 Opposed.

23 (No response.)

24 In the opinion of the Chair, the ayes have

1 it.

2 The meeting stands adjourned.

3 (The meeting concluded at
4 1:06 p.m.)

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1 STATE OF ILLINOIS)

) ss.

2 COUNTY OF C O O K)

3 KELLY A. BRICHETTO, being first duly sworn, on
4 oath says that she is a Certified Shorthand Reporter
5 doing business in the City of Chicago, County of Cook and
6 State of Illinois;

7 That she reported in shorthand the proceedings
8 had at the Meeting of the Committee on Finance;

9 And that the foregoing is a true and correct
10 transcript of her shorthand notes so taken as aforesaid
11 and contains all the proceedings had at said Meeting.

12 
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KELLY A. BRICHETTO, C.S.R.

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